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THE WIFE

HER BOOK

BY

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THE WIFE: HER BOOK

INTRODUCTORY

No woman has lived a complete life who has not been a mother; and not even a child has provided full and satisfactory complement, unless it has been born in lawful wedlock. The perpetuating product of natural association of the sexes is an expression of a great Creator's dominating and Divine desire throughout Nature, but when a highly civilized human pitch of excellency is reached an artificial selection enters that makes minds, that are very capable, at once hesitating, diffident, and perhaps very intolerant. Among animals, more males than one may consort with a female, or more females than one with a male, as the case may be, according to wild roaming chance or casual predilection; but, among human beings, deeply divined processes of limitation operate to the end that the best shall accrue, for, where brains are big, much of either good or evil may generate and evolve, and while all appears to be making for the best, a control of wise counsel and salutary law takes man and woman to church, or other equally binding institution, designing that the last state may be always better than the first all along.

Not every woman can become blessed as a mother; not everyone can be happily joined together in Holy matrimony. Many may do their praiseworthy best; most may be eminently successful. It may not be a crime to fail in contributing to propagate and per-

petuate, but that to be single is unfortunate is eloquently exemplified by the fact that among the highest interests of life are observed to be those that parents have for the welfare of offspring.

Yet in married life there is suffering as well as joy, pain as well as pleasure, disappointment as well as triumph, failure as well as success. We shall read much of all these things in the following pages.

I want to place myself on comfortable terms with the reader at the outset, to be rightly understood. A medical man must not be taken in any of these pages for an inhuman being who has no eye for the sweet and beautiful, simply because he is so constantly viewing disorder, misery, and misfortune. He has so often to treat abnormality, but always hopes that he does not intensify it when studying it and writing of it. Nearly every one of the laity, male or female, taking up a medical journal or book and reading a few pages dealing with various diseases is inclined to develop the feeling that ill-health is very horrible, and so unpleasantly near at hand that it is better to put the book away and think of something else. You can read until you imagine you are suffering there and then, or that you will very soon be in the actual agonies. A medical man's book of information cannot be expected to be pleasant reading on every page. If it were it would be deceiving. Therefore the reader must all the time be warned when going over certain pages of abnormality—of difficulty—and distress—that *the chances are always immensely in favor of no such thing happening in her own case.* In my experience I have times without number listened to tales of unhappy expectations and disquieting forebodings that have all proved to have been unnecessarily conceived. Very few married women undergo one fraction of the

terrible ordeal that they are so frequently taught by their own friends to look forward to. Yet for all that, the possible should be known and the exception borne in mind. There is no reason why women should not seek to protect themselves by learning something of unpleasant variations that occur now and then, which, notwithstanding, help to comfortably prove the heaven-sent rule, that the greatest blessings and happiness are to be had in most instances, and arrive happily to the pure, the patient, and the faithful. There must ever be an amount of abnormality in the minimum; it should be our abiding intention to keep down this minimum and strive to make for better rather than permit worse to overwhelm us.

Nor am I one who looks upon woman as a child-bearing machine. Far from it. While thinking that child-bearing is the highest of all human functions, and while observing every day that it is of all things the most desired of right-thinking and perceiving women, I would have the privilege considered as an event carrying with it but few disadvantages, provided Nature be fairly and sensibly allowed to do her unwearying and wonderful work. I would wish woman were less a machine than even she herself would allow, for offspring-bearing as exemplified in unhindered Nature, is an event that does not appear so cruelly out of keeping and disproportionate. Woman really comes, in her own estimate, to be more of a machine in many ways than she ought to be, because she is so often very *unnatural.* Remember, it is woman herself who so often prefers artificiality to naturalness; it is often idle, therefore, for her to envy man when she considers how much more she suffers than he.

Woman should be creation's beautifying and softening influence in all her being and action; she should, in

her virtue, neutralize and negative an inevitable amount of artificial harshness there is in the world; she should in every way endeavor to constitute the antithesis of the grosser masculine; and Nature has undoubtedly designed that in her highest office woman should accept all with grace, deriving even pleasure in a certain amount of subdued and divinely-made endurable pain. It is given to her to do so.

The critic might touch me on the shoulder as I write and advise me, whatever I do, not to include anything that may tend to alarm or offend a sensitive reader. I am prepared for this critic. It does not follow that because certain women consider child-bearing a mere nothing, I should be right in advising most women to expect it to be a mere trifle. Some suffer nothing. Many must endure much.

I shall refer to no subject in this book but what I consider is necessary for a wife to study. The fact is, my reader, we have reached an era when plain truths should be told in a plain tongue, when even ignorance had better be informed, and when every help ought to be given to educate in all matters that make for physical efficiency. The scales of our eyes are fast falling, and we are now obtaining the clearest insight into the rapidity with which physical and mental degeneracy is reducing the most advanced and civilized of peoples like a slowly devouring demon; after a study of our statistics and records, after our personal examination, we now begin to dread our inability to cope with the ever-increasing numbers of the physically and mentally degenerate that crowd our benevolent and supporting institutions. I must write of facts. I may feel obliged to refer to what some may consider alarming and unpleasant things; but the reader must recollect that it is only exaggerations that should be reprehensible.

It is quite commonly understood that the majority of all the disorders that human beings suffer from, belong to the female sex. A doctor's duties are directed for the most part against the sufferings of the more helpless women and children, with now and then a man to make a change. And while men are victims of ill-health and injury brought about by peculiarities of employment, and from the dangers of their sport and warfare, women more particularly suffer from conditions that have some relation to the function of child-bearing—from certain troubles that are directly referable to the organs of generation, whether while passing through the menstrual and maternal stages of single or married life respectively, or still later, when all these things have ceased.

A woman has a lot that is cast among hard lines in the wonderful scheme of Nature. Let it be borne in mind that no other being is required to suffer the inconvenience, and as often as not the pain, of periodic function as a woman does; and not only must she often suffer so much loss of substance, but she is not infrequently bound down to a kind of life that may be calculated of itself to be more or less reducing to the general health. Female animals pay little or no regard to a pregnant condition, or to parturition, which come and go as they may. A woman is obliged to domesticate herself to her condition less or more; less during the pains and anguish that sometimes accompany her ordinary *monthly affairs*, and more when she is conspicuous and heavily laden. Therefore the reader will see that her lot may be one that is hard to bear, and the performance of her peculiar functions may be difficult to survive when, added to them, there is such a weakened and debilitated state of the system, brought about simply through being "cribbed, cabined,

and confined," as renders her but a poor comparison to the hardened, more active, stronger-muscled male, who never has occasion to nurse the same kind of troubles.

Animals bear offspring far more easily than do highly-sensitive and delicate-minded women. They are better prepared for the heavier months of pregnancy, and their recovery is far more rapid. The human erect posture entails disabilities and disadvantages from a purely offspring-bearing point of view which cannot occur to four-footed creatures, that have the weight of their gravid abdomen more comfortably supported on all fours. The whole function with them is as nothing compared, and, while it is shorter, it is also generally endured under more healthy circumstances in the majority of instances, taking all things into account.

The comparative secrecy which must surround some simple illnesses that occur among women, on account of the delicacy of human ideas and customs, not only contributes to a certain extent to more serious forms of ill-health, but it limits the complaints of the sufferer to the four walls of her chamber so to speak. Her natural modesty and womanly reserve keep back her cries of distress. She must not too readily complain. She must hardly cry aloud, for it is not right that everyone should hear her complaints, and she must be careful to whom she confides if help or advice is required. A man can run to the dentist, holding his swollen face, and no one will trouble much about him; but a woman must not say much about her pain in the back or her bearing down. She must of necessity suffer much in silence and endure a great deal entirely within herself.

The necessity for such a book as this may possibly

become more apparent as the circumstances that surround the ailments of woman, whether as wife or mother, are taken into account. All the help a man may require to see him through life he can have almost for the mere asking; but a woman may often feel it necessary to endure pains a hundred times over before being forced to detail her difficulties; she is long-suffering because she is a woman.

Before turning abruptly to our main object let us consider another introductory point that bears strongly on the question of sex inequalities and necessities. It so happens that those who have the ill-health of women to deal with are of the opposite sex—with such exceptions as are hardly worth referring to. Those who exclaim "Fortunately!" do so because they know what skill, what kindness and consideration, and what humanity they always receive from the opposite sex. There certainly can be some little excuse for the few who hold the opposite opinion, because one can well imagine that if women doctors were as numerous and as strong in judgment under all emergencies as men, there would be many employed simply on account of sex sensitiveness alone. Such points concerning human nature and the sexes need no enlarging upon here—they are already well understood.

But supposing women would rather complain to women than to men, are there not a few things that a woman would like to know, and even ought, without consulting anyone in person? It is quite true that medical men are sufficiently numerous and available to give advice and regulate the course of procedure in all cases of difficulty; but there are very many conditions and states of health that are not sufficiently serious for skilled intervention, and which could be attended to quite well by the sufferer herself before

worse should befall. A little knowledge is not always a dangerous thing; it certainly is not when possessed by a woman who is likely to become a mother. She can, when armed with her little information make matters infinitely more comfortable for herself, and in not a few instances she may prevent many of the more serious consequences; she may even thus save her own and her future child's life, directly or indirectly.

As regards her nervous system alone, how much comfort and peace of mind a woman might secure if she could satisfy herself as regards certain contingencies and the way to meet them. What suspense might be relieved, what agonies of mind as well as body assuaged, did she have just a little knowledge! One often hears such an expression as this: "If I had only sent for the doctor sooner!" On the other hand, a woman will sometimes remark: "I need not have sent for the doctor; it was nothing much." Therefore women ought to know firstly, how rarely they need ever have any anxiety about themselves, and how usual it is that all goes well; secondly, in exceptional instances, how and when they may best relieve and save. They should endeavor to enlarge their information and acquire a finer judgment both as to what they should do themselves and when they should seek the help of others. Many lives are lost through knowing and doing nothing, valuable time being wasted, early simple signs not being understood; on the other hand, a great deal of mischief may often be done by rashly doing or thinking the wrong thing. And the right book must be read; it must not be too deep, and should be one intended for the lay reader. A woman once visited me with swollen legs, terrified by the idea that she was suffering from elephantiasis. She had found in some book of reference intended for doctors,

that this was the disease which swollen legs indicated. As a fact elephantiasis is a rare foreign disease.

"Reason's whole pleasure, all the joys of sense,
Lie in three words—health, peace, and competence."
—POPE.

CHAPTER I

BEFORE MARRIAGE.

Before taking a preliminary glance at the subject of married life, it will be of advantage to the reader to make a short and simple study of woman as she exists, and as she ought to exist, before she reaches this important stage of life. It is true that this book is written particularly for wives and mothers, but just a glance at what has been, and what might have been, before marriage will help a study of what is now, and will enable wives to understand and instruct their friends who may soon be candidates for the state of Holy matrimony, as also mothers who have daughters to bring up.

The developing and perfecting of the human body, that it may be a meet and right medium for the caretaking of a mind; the collecting together of physical and thoughtful capabilities, in order that adulthood may be arrived at and some maturity attained—these are the ends to which development from birth to full growth should proceed, and to which Nature faithfully directs her best attention; and these should be the objects of parental guardianship.

Now, in order to study the sex fully we must watch a woman develop, and see how she arrives at her embodied and completed self. No two women are alike, and it follows from this that some women are much better than others—some more fitted to become wives

and mothers. Nearly all sorts and conditions of women can become wives and mothers, it is true; we well know that the plain marry as well as the pretty; the deformed as well as the well-shapen: even those who have been advised, nay, forbidden by the highest opinion to wed, on account of physical or mental deficiencies, have been known to disregard all advice and marry. I have seen a woman dwarf wedded to a man who was a good deal above the average in weight and measurement.

It cannot be gainsaid that some women are more fitted, in structure of frame, in anatomy of body, and in sensibility, temperament, or simple intelligence, to marry, with the chance of becoming mothers than others are. Now, the question suggests itself, What kind of women are the most suitable for marriage? This is really a large question to answer, and it can only be dealt with from different points of view. Let us consider shortly the physical fitness first. A woman should be of certain size and properly proportioned. She should have a framework that is capable of supporting a certain amount of muscular development and æsthetic form. She ought also to have such strength and capabilities in this muscular development as will fit her to take her place as an average member of humanity, always bearing in mind that she will of necessity be usually less strong than her male representative. She must be able to engage in such movements, exercise, or work, as will enable her to stand as a fair example of her sex; but, what is certainly more to the point, she should exhibit that degree of conformation and action that denotes ability to perform womanly functions in a natural and preferably unaided manner.

Perhaps some wives and mothers will be at once

inclined to argue with some amount of haste and indignation: What women are not women? as though they should urge that anyone of them is decidedly good enough to bring another instance of humanity into the world. But the records of our lying-in hospitals, and experience in private practice, teach us that there are many who are totally unfit for the function. Indeed, one might express oneself in this way: A large part of a doctor's work is made up of the assistance he finds it necessary to give in order to enable women, who would be otherwise unable, to produce offspring satisfactorily and to recover sufficiently.

Suppose a wild animal to have a sudden ray of intelligence for the once, and it were able to analyze fully the conditions and circumstances under which humanity exists, how it would single out with amazement the various instruments and appliances of a doctor's lying-in bag! "How hardly you produce your young!" it would say. 'How you must suffer to be human! We have the system of natural selection going on still where I live; only the best of us bear offspring, with very rare exceptions. It is true that these few exceptions have a good chance of dying, poor things; but you see that by this means the excellence of the species is kept up, notwithstanding, and that's worth a good deal of consideration. We have fewer mishaps and much more perfect progeny, with only a few deaths; you have very many mishaps, unhealthy and misshapen young, injured and afflicted mothers, and many deaths; there's the difference."

Women should possess a proper bony framework; sufficiently developed and strong enough to agree with a fair amount of the muscular strength that is necessary for her pleasure and health. The bones of the pelvis, which form a good deal of the framework and

support of the womb—an organ that is altogether concerned with the development of offspring—must be strong enough and of the right form. They must together make a cavity of suitable size, and an outlet of wide enough space for the passage of a child's head, while their outline should be such as adapts itself nicely to the compound curvatures of that head and the body following.

The organs of the body concerned with giving birth should be well and fully fashioned. Neither deformed nor out of place; neither diseased nor having been subject to injury; of right size and proper power; for they will all have their duties to perform when the time comes.

The bony framework should have a muscular covering that gives contour, provides protection, and enables force to be bestowed for the purpose of holding the parts together, but much more in order to permit movement and general exercise. Energies of all kinds are displayed during a lying-in stage, when the general movements of the body are supplemented by rare and extreme efforts about particular parts. Movements of resistance, and movements of slow and strong expulsion, will take place; those concerned with great muscles and those involving the delicate action of the smallest; all will have their part to play, and should be ready for it.

But over and above these various bony, organic, and force-producing systems, there is another, an even mightier one, that of mind. The great directing power of all bodily processes and energies—at least all those that go beyond what automatic action and instinct provide—lies in the brain. Animals do not and cannot exercise much thinking power over their functions. Their pains come and go, and are endured with an

amount of calmness and indifference that can only belong to beings with very primitive brains and sensations. They simply give themselves up to their fate, not knowing what is the matter with them; when labor overtakes them not being able to think; instinct and reflex action do all there is to do. But highly civilized and perfected woman has a thinking and knowing apparatus; she has the power of regulating her actions and instinctive efforts to a very fine degree. Her pains or expulsive forces may be either very considerably diminished or increased through brain influence.

It will thus be seen that women not only require a sound body, but a sound brain, in order to be properly equipped for the bearing of offspring. Good sense is necessary before lying-in, even as it is before marriage —and while lying-in, as well as for some time after, if everything is to pass off well. The more common sense a young woman displays as she grows up to a marriageable age the better will her confinements be, and the better will her children be. One would not advocate the specially-acquired and highly-cultured intellects that walk forth from college; these are not altogether the best for motherhood, because they tend to make women unnaturally impatient; nay, they often instil into their minds notions that make for a third and celibate sex. It is possible for anyone, of either sex, to learn too much, if the learning is at all one-sided. Some there are who are so educated that they eventually cultivate for themselves every sense but common-sense. The lady wrangler is certainly not the best kind of a woman to endure the pangs of child-bed complacently. On a former occasion she could burn midnight oil and vow vengeance on ascendant man; and she could even surpass him in acquiring knowledge, very often; but when married, and having

reached the time of her delivery, she will much less patiently accept the situation, and be inclined to wish that man might bear babies instead.

It would be idle to proceed to explain in detail, in this part of the book, how in the fullness of time any condition of bones, organs, muscles, or mind, as they are developed in the young unmarried woman, can have a very powerful and far-reaching influence on the same woman in maternity. It will be quite sufficient to note that a deformity of bone may have disastrous consequences for both mother and child, if it be so pronounced that there is not sufficient room for either the enlargement of the fœtus or for its advent into the world. And it will be equally well understood that defective structure or displacement of the womb may produce fatal results. If the muscular system be weakened, expulsive efforts necessary for birth will fall short. And, finally, if the brain or nervous system be unsound, insanity, fits, or hysteria may enter the situation to jeopardize the life of both concerned.

Then the question naturally comes before us: How is a young woman to become, in the fullest sense of the word, fit to be a wife and mother? Can she exercise sufficient power over herself to govern her ultimate fitness? Yes; she can do a great deal with an eye to the future, and it is for this reason that I deal with this period of life in an early chapter. It is precisely because so much can be done before a woman arrives at wifehood that I have taken the trouble to point out what constitutes a fit and healthy candidate for matrimonial honors. It has been noted that everyone can marry; but now it will be seen with still greater certainty that some are more fit than others.

What is the young woman to do to prepare herself? Before this can be answered, it will be necessary to

glance for a moment at the circumstances and surroundings in which she is brought up, even before womanhood, before the period of puberty; nay, even during infancy and childhood. A woman's moulding and fashioning begins at her birth. We have noted that deformity or deficiency of bone structure affects and influences both mother and child at the child-bearing time. Now, bone is developed during infancy and a little later. Almost everyone has either seen or heard of rickets, a disease in which the bones of the body become softened so much that great deformity results. Bow-legs are perhaps the commonest manifestations of the disease. Sometimes the legs are so bad that a surgical operation is necessary in later life to enable the victim to walk at all. But not only are the legs affected; the arms are also, and, in fact, all the bones of the body. Attention is particularly drawn to the legs in the first place, because bow-legs and difficulty in walking are most likely to be seen by ordinary people. Doctors know full fell that the bones of the head and pelvis—that is, the lower-body framework of bone—are sometimes seriously affected.

It might be further interesting for the reader to know that a softening of the bones of the arms, as well as the legs, ultimately results in their becoming curved. This deformity is caused by the rickety child crawling on the floor on hands and knees. It cannot walk, with its softened and bowed bones; so it crawls, and the arm-bones grow curved also. In this condition the head of a rickety child does not "close" properly. What are called the fontanelles, or soft areas to be found in a new-born babe, remain soft too long, instead of being filled up by bone; and sometimes the bone at the back of the head is so thin that it will yield on slight pressure. Therefore, in order that a

woman should grow up to normal maturity, *it is necessary that she be carefully fed and tended during infancy and childhood.*

Women little know what far-reaching effects may be produced by a baby being reared improperly. Let the reader direct her attention for a moment to that unsightly and distressing affection known as "pigeon-breast"—in which the rib-bones on either side of the breast-bone are sunk in, leaving a marked ridge on the chest, the lungs being compressed into a small space—in order to realize the importance of a study of the subject from infancy upwards. The spine is generally also affected in rickets, so that curves make their appearance, to give everlasting errors of shape. Hunch-backs, twisted spines, short necks, and bent limbs are mostly made during the first few months of life, and doctors who make a study of these conditions learn how readily they may be prevented.

A good deal of ugliness of the face is caused by rickets. Who would have thought that a person's features depended a good deal upon how their parents attended to them when young? Let mothers think of this; and what mothers are there who have not had as much regard for their own features, at some time of their life, as will lead them to pay some regard to the appearance of their own little ones? Rickets cause a bumping and a horrid squareness of the forehead; the teeth also grow out of order and soon decay, and this adds considerably to the general plain appearance. Yes; these things are worth thinking about!

The young woman therefore has the chance of growing up deformed and hideous to look upon, if she should have been carelessly looked after when young. But suppose her bony deficiencies to have spared her face and allowed her to develop features

sufficiently attractive to lead to marriage; and imagine her to have escaped the greater deformities of chest and spine referred to; she may still have a considerable bowing of legs, and deformity of the body bones, which may almost entirely be hidden by the skirt or dress; it is possible for women who are very much deformed in certain regions easily hidden to get married very satisfactorily—that is, to make "good matches"—and yet to be entirely unfitted for producing offspring.

Doctors know so well the meaning of bow-legs, that when they have a case of prospective confinement before them they take notice of the general configuration of the body, limbs, and face; very often they even find it advisable to ascertain—if superficial observations should render suspicion strong enough—to what extent the pelvic bones are affected. A slightly waddling gait, for instance, is important to note, as an expectant patient walks in or out of a room; it strongly suggests flattened bones of the body, which are likely to cause serious obstruction when her confinement takes place. A simple early discernment of abnormality may lead to steps being taken which might, when lying-in, save life.

A rickety child therefore develops such deformities of bone as render the body framework abnormal in shape in various directions. And considering that the bones of exit concerned with the passage of the child into the world ought to be most beautifully turned and shaped for the complicated movements of a tender head passing, so that a birth may be natural and uncomplicated, the reader will now appreciate the fact that in order to consider the question of child-birth and its effects on mother and child, fully and at all properly, it is quite necessary to make some reference

to the formation and development of bone during infancy and childhood.

We have not done when we merely recognize such a disease as rickets, and consider its effects and influences on the lying-in function. The reader must yet learn how rickets may be avoided, and how it is possible for the young woman to grow up with a sufficiently well-formed framework to fit her for safe and satisfactory wifehood. There is nothing simpler; as an infant she must be fed properly. This is the simple secret of the matter. Rickets is a disease usually caused by malnutrition, itself produced by improper food. In exceptional cases, debility of the mother, on account of over-suckling and excessive child-bearing, will cause it; but unwisely selected artificial diet is the commonest cause.

We shall more fully consider an infant's diet in another chapter; a simple reference to the fact that mother's milk is best, and starchy foods worst, will be sufficient for the present. The primary object of these preliminary pages is to emphasize the influence that proper treatment during her own infancy and childhood will have on the capability that a mother will exhibit of producing offspring.

There is another entirely different kind of deformity of bone that must not be overlooked by any chance. It is that caused later on in life by nipping the waist, when the lower ribs are pressed inwards in order that a corset of very few inches may be worn. It seems almost like writing of the habits of some barbarous race to refer to the awful custom of squeezing the waist in, and binding it there, for the sake of developing a form that will be noticed or admired. How very similar indeed is it to the Chinese custom of nipping the feet down to a certain size! And one could

scarcely say that this habit of our own gentler sex—we people who are so very, very advanced, you know—so much so, in fact, that we are civilizing out for ourselves a third sex of superior celibates—is much less to be blamed than several barbarous proceedings that savages go in for, such as squeezing the bones of the head, bulging out the lips and ears, or putting a ring through the nose. Even the fairest of feminine perfection, in many ways faultless and blameless perhaps, must not forget that ear-rings are still worn by a good many.

Yes, it is perfectly true: as soon as young femininity feels that she is a sex unto herself, when the awkward age is reached, then the notion of waist measurement sets in. Bedroom chats with kindred spirits are most fascinating when it comes to personal comparisons. A young girl will demonstrate with glee to her envious friend, that now she can get into eighteen inches. And as to recipes and tips, concerning not only wasp-waists but a dozen other enormities, these are eagerly sought for, most of which are quite outrageous, and sometimes even of a dangerous nature. But no matter. Anything to win envy or admiration!

But what does so much waist-nipping mean? Simply this: that the bones of the region, namely, the lower ribs, are forced in to such an extent that breathing is rendered difficult, functions are imperfectly performed, the stomach is pressed upon or constricted, and the whole internal economy is thrown out of gear according to the amount of constriction.

Therefore it behooves those who desire to graduate in matrimony to regulate their habits of single days and see if there is room for any improvement. Such might do worse than study ancient sculpture and see

what was considered beautiful in feet and waists in former days of artistic perfection.

As regards the various internal organs of the body, the reader will at once understand that deformities of chest bones will cause deformities and injuries to organs within them. A pigeon-breast will conceal cramped and ill-developed lungs. A twisted spine will also affect internal organs to some extent. Nipped waists limit the capacity of the chest and prevent free movement: they do more than this, for they press or constrict the stomach sometimes so much as to seriously interfere with *digestion.* It is scarcely necessary to point out that under these circumstances the general health—especially if the deformity have existed for a long time—must suffer very considerably in the end; and the woman who goes to the altar a collection of artificiality and deformity will not only soon prove a millstone round the neck of her husband, on account of her dress and doctor's bills, but will run the gauntlet of many dangers and distresses once pregnancy sets in. It is one of Nature's most insinuating and ruthless punishments upon those who have been so foolish as to "nip" in their single days, and have at length married, that all that years of sighs and suffering have created shall be undone.

A further effect of unduly constricting the waist is to be found lower down in the anatomy. In the erect posture which is peculiar to human beings there is very great weight thrown on the lower abdomen. If the reader will but think for a moment what the arrangement of parts is among animals, which have their bodies horizontal, she will observe that with them the lower abdomen does not press downwards on top of the legs, as it were, but forward and away from them. Women have, in consequence of standing

upright, the weight of their internal organs pressing down upon the organs of generation. The result is, that whenever they should suffer from loss of tone in the system, the womb, together with its right and left wings or ovaries, is very prone to displacement, either forwards, backwards, or downwards, as the case may be. Now in a consideration like the present, it is most necessary to carefully note this point of pressure, because a further thought will bring to light still another conclusion, that *nipping the waist simply adds to the pressure downwards of the abdominal contents.* So that this pernicious habit of tight-lacing is a potent factor in the causation of the bending or displacement of the womb that is such a common affliction among women.

There is not much wonder that many suffer so much during menstruation, when the womb is subjected to such ill-treatment. How can a simple monthly discharge take place properly and painlessly when the womb is either pressed, twisted, or bent out of shape? And if these things occur in growing girlhood what will be found later in life? How is the body with its contained womb, so maltreated and deformed during years of youth, to get on when a woman is a wife or mother?

If a girl develop good bones and sound internal organs, and if she do not encourage deformity for imagined beauty sake, is she then anatomically quite perfect for motherhood? Indeed, no. She must have a muscular system in proper order and of sufficient strength. For two reasons this is necessary. Firstly, she must have her general health fairly good, and this cannot be so without proper exercise and development of muscle. And secondly, her powers of expulsion,

necessary for bringing the child into the world, must be sufficiently strong.

A fair amount of open-air exercise is what is wanted. Girls are going in much more for athletics and outdoor games at the present day than they did formerly. The value of this has been seen by those who have the care and training of them in large schools and institutions; and medical men so constantly insist upon the necessity of it. Muscle-work has been found essential where much brain-work is required, and since young women began to emulate the accomplishments of the mind of man, they have still further found the advantage of obtaining some of his muscle also. Let it be well understood, therefore, that among women, mind and muscle, *up to a reasonable extent*, will certainly help largely to make a good mother.

One has only to mention the word hysteria in order to bring to the reader's interest the importance of a great nervous system which presides over all others in the human body. Hysteria is a word derived from *hustera*, meaning the womb. It was noticed in times long gone by that the symptoms were referable to the womb; hence the name; certain conditions of this organ were often found to be associated with nervous manifestations of a peculiar and often very distressing nature. The nervous system in hysteria is thrown out of gear, and consequently there are innumerable and very varied symptoms set up, which, though not very serious as disorders go, are very difficult to conquer and get rid of.

Though the nervous system presides over other systems, and regulates them, it is itself in turn very largely under the influence of the other systems also. The muscles and internal organs must be themselves in a good and healthy state if the nervous system is

to remain sound. So that it will be observed that bones, organs, muscles, and mind have all the closest association with one another, and that a good state and healthy working order of each and every department is necessary for general bodily fitness.

Next to actual disease of the brain itself affections of the womb are among the readiest disturbers of the nervous system. Let the womb be subject to any undue disorder, the nerves will telegraph the fact to all parts. Any bending or displacement downwards is sufficient to influence the very strongest nervous system. And disease of the ovaries—the organs which lie on each side of the womb, and which play such an important part in the process that leads to conception —is a very fruitful cause of nervous upset.

It is not necessary to give the symptoms and treatment of hysteria: these are matters for the discriminating medical adviser to consider more particularly. But the reader should know that this affection is one that generally shows some signs of itself before marriage, and that it points to very possible trouble in the future.

A sound body is the surest security for a sound nervous system—indeed, there are certain nervous conditions which may be said to be almost entirely dependent on the blood. So that a remedy fit for application during young single life naturally suggests itself: keep both mind and body in as good condition as possible, so that the whole general health may be maintained to a proper standard. A good driver, when he has a pair of horses to deal with, must pay the closest attention to the running of both. He must not whip the one onwards and leave out of account the other, or rapid and safe progress will not be made. Both must proceed neck and neck, evenly, surely, and

without halting. So the mind and body of a woman must run neck and neck. The full vigor of both will be required when the time comes for her to display the energies peculiar to her lying-in state.

An unsteady nervous temperament may possibly induce epileptic fits. It is quite certain that any young woman afflicted to such an extent should never marry at all, for two reasons: first, because she may transmit the tendency to her children, and secondly, because she may be so affected during child-birth that her life and that of her child may very likely be lost. It is true that women suffering from epileptic fits marry and are sometimes much better for it; but the children born are almost certain to inherit nervous diseases, notwithstanding.

Girls who are noticed to be given to undue excitement, and still more those who belong to nervous families, should be placed under special domestic care, and if necessary, special treatment, if they are to grow strong enough to be sufficiently safe and reliable to marry. It is quite astonishing how nerves can be subdued and trained down to a proper order; nothing being more certainly efficacious than a carefully chosen and not too stimulating diet. Of course any condition of the womb that may be suspected should be promptly placed under the advice of a medical man, the home discipline and training being quite a thing apart.

As regards nervous affections it must be remembered that one thing may lead to another, one excitement to others; something may induce hysteria, and hysteria may lead to epileptic fits. So that the nervous defects of childhood and youth should, if possible, be nipped in the bud by treatment, and a method of living and general training should be adopted that will be likely to counteract them.

But now let us be happy in our thoughts and studies. Let us think of the sweet rule after so much miserable exception; let us observe the young woman who has come from good stock, healthy and happy, fair to look upon, a cynosure for so many eyes, but destined to be possessed body and soul by one, a lover for life. She has been brought up by thoughtful and careful parents; she has a mind herself which rises above cosmetics and wasp-waists, though critical enough when remarking in the mirror and comparing with the sculpture of great masters; she is alive to life's great possibilities, and can be serious as well as gay. The embodiment of all that is beautiful, God's masterpiece, she flowers the earth with a fragrance that makes men wonder and worship at the thought. She commands awe and reverence; she engenders a desire to do obeisance begotten of respectful regard. She inculcates a morality through the very dread her admirers have of offending her. She is the salt of the earth, beautifully begetful, having an influence capable of breaking a giant's rude endeavor, though possessing a charm that can quietly win the mightiest—controlling as an angel. She may thus hold a world's destinies in the hollow of her hand.

"Look round the habitable world, how few
Know their own good, or, knowing it, pursue."
—DRYDEN.

CHAPTER II

THE MARRIAGE

There are few hours in a lifetime that are more trying to either man or woman than those occupied by the innumerable and multifarious little businesses and ceremonies that belong to getting married. You may draw comparisons as you like; young men and maidens have often to go through the excitement of important examinations at schools or universities, and at any time of life either sex may have to pass through the very trying ordeal of some severe competition, either honorary or for some professional or commercial purpose; they may become candidates in some election or other; all sorts of successes may crown efforts and produce exalted states of mind; let us think as we may, we shall fail to find anything to equal the ordinary wedding for producing the supremest anxiety and tension of expectation, the greatest absorption of anticipation, the highest delights of conquest and accomplishment, the most beautiful panoramas of promise in the minds of the couple concerned.

Of course I refer to the picturesque occasion of the sacred and solemn marriage ceremony that has its chief scene in a place of worship, where, in addition to opportunities that appropriate and large enough surroundings give for the presence of a number of friends, may be found that atmosphere which renders the occasion one so impressive; where sounds of the

organ and intonations of serious service all help to make the occurrence one which shall be remembered—an event of a lifetime.

There is something very beautiful in a wedding. Joyous as it may seem on the one hand, it is appropriately tempered by the profoundest gravity on the other. Pretty to the very last bit of ribbon are all the fair sex attending; smart to the finger-tips the men; best-dressed, more than at any other time, a marriage party is at once the picture of health, beauty, joy, success, hope, aspiration, solemnity, orderliness and goodness. There is only one thing that could create rapid alternations of great joy and tears, brightness and deep concern, happy expectation and bewildering imagery, and that is the solemnization before the altar of that bond which no man shall put asunder.

The all-absorbing circumstances of the event render it one that produces perhaps the highest pitch of excitement and emotion intermingled that it is possible for anyone to experience.

But it is with influences and effects that we must concern ourselves chiefly in this chapter. One must not forget that marriages are prepared for and thought over for a long time before the event; they are rarely dreamed of at night and realized next morning. I have myself observed candidates for matrimony get quite thin many months before the event was to take place, simply through a prolonged anxiety and a worried looking forward. It seems a pity that such an effect should be produced in view of what should be one of the happiest of all consummations, but there would hardly seem to be any help for it in many instances. The purchase and arrangement of a trousseau, the looking around for a house, the furnishing, the servants, and so on, all these things require thought and

care; but they very often lead to a somewhat dejected appearance on the wedding-day—this is the point I have to urge at this stage. Young women would do well to display less feverish haste and racking anxiety before their marriage, if they wish to show themselves to the best advantage and keep a firm frame of mind throughout. Thus, I need hardly add, I am not an advocate for long engagements.

I have known even men trouble a great deal before marriage. Nay, the records of our coroners' courts show many cases of candidates for matrimony of both sexes committing suicide just before the event, so worn and harassed and unhinged in mind have they become. And there have been instances, not a few, of either one or the other running away when the time for the ceremony neared.

To turn to the brighter side, however, the rule is that thoughts of a prospective marriage stimulate both mind and body to all their healthiest actions. Though the ceremony itself may at length be gone through without any scene of fainting or hysterics, it must on all occasions be pretty severe, at any rate for a young woman; yet, after all, it is "soon over," and anon the train is whisking the happy pair—let us hope, to realms of unhindered bliss.

I wish to issue the warning, therefore, regarding the marriage ceremony and the little time before it, that, amidst the thousand and one things to be thought about, some consideration should always be given to general health. A girl should take the greatest pride in being in as perfect health as is possible, and should not devote her sole attention to the number of skirts or evening dresses she shall include in the list of requisites. Good health is the best of all wedding preparations, without a doubt. It is even the prettiest.

It will bring greater comfort in the future, and more lasting appreciation than miles of costly lace. Two healthy and happy heads on a fifty cent pillow will be more comfortable and content than aching ones on the costliest silk covering. Happy the maidens who make a pleasure of preparation, and who do not worry; wise are they who do not rush and stumble getting ready, who bend the head at the altar with a quiet sense of solemnity, but who cheerfully reach their carriage, brides twice-blessed, wreathed in the sweetest of smiles, impressed but not requiring smelling-bottles, concerned but not quite upset.

"All who joy would win
Must share it,—Happiness was born a twin."
—BYRON.

CHAPTER III

THE HONEYMOON

I have often wondered whether it is better to spend the first few days of married life in a hotel, where all faces are strange and all comers unaccustomed, or to walk from church straight to the simple little home, as the newly-married of the poorer classes do. There is a great deal to be said on both sides, and much depends on class and temperament.

Many who marry have scarcely ever before slept a night in a hotel, and one can well imagine that everything so very new and strange can hardly contribute to the very highest contentment and comfort, especially in the case of nervous young women. All "that sort of thing" wears off, some readers will no doubt argue. But the truth is, that it does not always wear off. The seeds of many an unhappy married life are first sown during the honeymoon. I have known of instances in which a honeymoon quarrel has never been recovered from—which might not have occurred but for the worry of the occasion. It would seem that a honeymoon—at any rate the first part of it—spent at a quiet country residence, is the most desirable one.

The custom of taking long tours sight-seeing hardly seems to be the very best at first. Often a route is arranged with one day here and another there, so that in haste and confusion most interests run the risk of

becoming irksome before many days are over. One can only have pity for a young woman—for a man it does not matter so much—who has gone through months of anxious preparation, then through the wedding-day and a long, tiresome journey afterwards, being rushed off amid trunks and parcels, to be landed on the steps of some strange hotel, the very porter of which, seeing at once that the arrivals are newly married, passes on the information to everyone in the place (glad, and expecting higher tips of course) until everyone stares; and so they do the next day, and the next. All this can hardly be pleasant.

No; a quiet, more homely honeymoon would seem to be better for most couples, and a return very soon to their own home; not that traveling and sight-seeing should be altogether dispensed with, far from it, but that these pleasures should preferably be enjoyed on another occasion in the near future, when both are in a more settled frame of mind, and when outside curiosity is not so readily excited.

The poor enjoy their honeymoon too—a different kind. It will often be spun out to many weeks without much abstaining from work on the part of either. A day off here and there, and evenings out, constitute this homeopathic honeymoon. And I am not so sure that this system does not provide the quietest, easiest, and most enjoyable time of all, taking into account differences of class and giving every allowance of proportion. The daily toiler returns with renewed warmth to his love after a day's work, and his wife is all the better for waiting for him.

Separation is the best cure of all for quarrels, just as a holiday is best for worry. Not that couples on a honeymoon always quarrel, but they very often get so much of one another as satisfies very soon. Still,

history records even mortal quarrels. Disappointment when wigs and false teeth have been removed has frequently led to differences of opinion, for instance. Intimate revelations of various kinds may lead to misgivings and angry argument. More than one young husband has committed suicide after discovering certain anatomical deficiencies—as they have so considered—which have led them to doubt the veracity of their wives. Sometimes the husband has been right, and sometimes not.

A working man and his wife will probably derive a greater amount of happiness—even though the man have never left off work more than one day, the day of his marriage—during his honeymoon spun out to many months, with hardly a real ending, than some first-class clerk, who has saved up money enough just for one week, which he has spent rushing around to catch trains and boats, hurrying his poor tired wife around as though they would never have another chance again in their lives. And the working-class couple will obtain quiet and comfortable contrasts and pleasures over a long period, which those of a better class would scarcely have the power to obtain to a corresponding degree, under different circumstances and conditions. Happiness on a honeymoon will depend upon so many factors.

"Could we forbear dispute, and practice love,
We should agree as angels do above."

—WALLER.

CHAPTER IV

THE WIFE'S CARE OF HEALTH

The present writer is so often urging everyone, no matter what sex and age, to attend to their general health, by observing a few common-sense principles, that it would seem almost absurd to specially advise wives who may any day conceive and bear a child to keep themselves up to a satisfactory standard. Yet, in spite of the fact that such instructions are laid down in the many books published, giving the secret of good health and long life to everyone alike, there are still some very particular reasons to be given in this present book why mothers and wives particularly should maintain as healthy a condition as possible.

The kind of life that a good many wives lead is far from healthy; not being bread-winners, and not being obliged to go away from home as much as men, they are often given to remaining too much in close and stuffy atmospheres. It is true that household duties take up a great deal of their time, and that there is very little to go out for, but if women would but see the necessity of taking a certain amount of fresh air and exercise they would, as a consequence, find that household duties were not so irksome and not so heavy. But women living in quiet suburbs, country towns or villages, however, so often complain that there is no

object in simply going out for a walk. Such plain outings may be rather hard to repeat, it is true. Streets of small towns, and paths of the country round about, soon lose their attractiveness, and one often hears women remark: "I don't care to go out; there is nothing to go for—the same old paths and fields: one gets sick of them." Therefore the custom of visiting friends and of taking afternoon tea is, after all, a good one, as it draws out of their stuffy rooms, into the open air, many women who would otherwise be content to go on with their needlework: it gives a walk with an object.

Cycling provides one of the best means of obtaining healthy recreation in fine weather. It is an easy amusement, and gets one quickly away from domestic worries to new scenes. It is suitable to all ages and nearly all mental and physical conditions, in moderation. Horse-riding, driving, or motoring afford pleasant diversion for those who can afford such, while golf, tennis, or croquet may be preferred in many instances.

It is necessary, however, to give some warning as regards the amount of exercise that should be taken. Take cycling, for instance; at first women take to it far too energetically as a rule. They are so delighted to have something pleasant to indulge in, which also needs a certain amount of skill, and they perceive what was beforehand understood by them to be a little difficult to learn to be really so ridiculously easy, that they are very apt to attempt too much on the first few occasions. One lady is remembered who managed to go by herself after a few trials, and being of a rather excitable and energetic turn of mind, she felt more power as she gained her balance; getting right away from her teacher, she shouted out: "I can go perfect-

ly well now, I will go round and meet you at the end of such-and-such street." She soon turned into a road which dipped down pretty sharply into a hill, marked, "This hill is dangerous," before he could get near enough to warn her of the situation. Far from perceiving danger, however, she thought how jolly and easy! Down she went, gaining speed at every yard, until she suddenly came to the conclusion that the machine was running away with her. Therefore sooner than be carried down to a swift and sure death, she jumped off and broke her ankle. She might have done worse. This is the way a good many deaths have been caused.

An especially favorite mistake to make is this: Once having learned, some are known to settle upon a certain day for a long ride, anxious to do what their friends do. They have supposed that the distance was "nothing," after seeing how easy cycling is, and have gone many miles further than they ought. The consequence has been that they have had to go to bed for a few days, having returned home quite exhausted —perhaps a wind faced them all the way back. Stiff and sore, they have overdone it.

All women should remember that cycling is not learned when pedalling and mounting is mastered, nor when they can go well by themselves; it is only safely enjoyed after several weeks spent on all kinds of roads and hills have provided plentiful experience, and when putting on the brake and ringing the bell can be performed naturally and almost instinctively.

There are various ways of obtaining fresh air and exercise, and of keeping the general health in good order; but space will not permit any further reference to more. Cycling is mentioned specially because it is so excellent and practicable, and it is within the reach

of so many; such a very simple and well-known diversion would not have been referred to at all but for the fact that so many ailing patients tell their doctors that they have no inclination to seek healthy amusement or exercise. Multitudes of such have found cycling, driving, croquet, or such-like simple pursuits positively life-saving.

The general health of a wife had need be better than anyone's else, because of the functions she is likely to perform as a mother. She will be heavy-laden before long—if fortunate enough—and then her best and heartiest strength will be required. A cheerful submission to her inequable lot will be shown by a woman during her pregnant months if she be thoroughly well in health beforehand, while her husband also will be able to smile contentedly. She will reach the time of her delivery with a good heart, feeling confident that she will go through all satisfactorily. Her good spirits will enable her to bear up under the circumstances, so that everything will pass off as well as could be hoped for. The child she gives birth to has also been influenced for the better before being born; it has grown to a good size under the active and vigorous health of its mother; and, after delivery, under the abundant supply of its mother's milk, it will fatten, thrive, sleep, and cause very little trouble.

On the contrary a sickly state of health will mean many groans and complaints when motherhood is promised. And, on account of the further burden, an ailing wife will be more inclined than ever to mope and remain inactive, adding to her complaints, and nursing her general misery by remaining indoors and brooding over her afflictions. The husband returns in the evening bright and hopeful, only to settle down into a sad and wretched mood. He sees and hears

much, but feels he can do nothing. "Call in the doctor, and all that expense;" that is the only thing to be done; month after month this goes on, before the confinement takes place. The poor wife has had little strength and less spirits to carry her through it all, while chloroform and instruments will have to be resorted to. After all, what a miserable business; and how badly she has got over the confinement! How slowly! Moreover, she never seems really well for months afterwards, perhaps. And the child that is born, a poor, undersized little thing just manages to live on, under artificial feeding, only to cause endless trouble, disturbed nights, and screaming days; for the mother has developed no milk of her own, the best food for it.

Therefore it is not on account of the mother's own comfort and happiness, and not on account of her husband's either, that good health should be sought after most diligently by the wife as soon as the honeymoon is over and the house is warmed; it is on account of future children. Every earlier defect of body and mind will almost surely be followed by other disorders during the married stages of life. You cannot gather figs of thistles, and the wedded cannot beget lusty progeny when gloomy forebodings, misery, and sickness have worked their irreparable mischief.

A young woman who has taken an interest in her health while single will be likely to keep up this interest when she is married; she will take a pride in her self-preservation—she may even be able to give her husband some good rules to follow as well! And when the time of her attendance on offspring arrives, she will bestow the same sensible care on her children; she will bring them up to think out principles for them-

selves, encouraging them by example to make the best specimens of humanity.

Of all things that make for good health under all circumstances, and therefore fit and proper for the wife to study, *happiness is the chief regulator*, for this state helps good digestion, which itself assures a comfortable frame of mind and a smiling face, to say nothing of an admirable complexion. But if happiness helps good health, so does sound digestion permit happiness; you cannot have one without its exercising an influence upon the other.

Happiness is helped by health; it is attained by judicious feeding and exhilarating employment, in a constitution that begins by being normal. Good digestion is enjoyed by those who are careful what they eat and how they eat it—provided the body is capable of digesting, at least, easily-digested material. The converse of happiness is the most powerful provocative of indigestion, as need hardly be said. It is well for the reader to grasp these theories, for she may imagine that suet pudding is not good for her because it is heavy, while the truth probably is, that her husband digests it comfortably because he is happy and contented all the time.

What is happiness? It is the result of a finely-regulated balance maintained amongst duties and diversions; it is the effect produced by accomplishing something that pleases; it is the pleasurable sensation derived from distinguishing entertaining contrasts. The performance of simple duty is one of the commonest gratifications one could think of. If happiness is wanting, the health should immediately be made a study of; if health be defective, then one of the most powerful remedial agents is some means of entertaining and pleasing the mind. Depress the mind of the

sick, and you administer an indirect poison. Brighten their despondency, and you immediately give them a more cheerful appetite.

The food of a wife should be simple and not too stimulating—and by stimulating food I mean chiefly flesh-food. Too much butcher's meat will produce an over-richness of blood, which will bring about various distressing symptoms and produce a favorable soil for many diseases. The secret of good complexion is careful dietary. Perfect health will be attained by those who feed wisely, who maintain a happy and contented disposition, provided they begin by being normally developed. A wife should study varieties of vegetable and cereal and fruit foods, leaving a little butcher's meat to be discussed occasionally, as of less account.

"It is worry that kills," is a common saying that has much truth attached to it. This is the same theory as that expressed in the above paragraphs, conversely, for worry is the antithesis of happiness. Worry causes indigestion, which leads to malnutrition, and to a poisoning of the system with products that have no right to accumulate.

Too much animal food causes irritability of temper, sleeplessness, bad complexion, rheumatism, and a hundred other disorders of a direct or indirect nature. Most nervous diseases are either caused or aggravated by too stimulating diet. I have only to remind the reader that nervousness will cause worry, to indicate that food is a powerful factor, regulating the condition of the body, no matter which way we look at several simple facts.

The wife may not care to trouble much about such matters as food, but when I tell her that barrenness is frequently caused by nervousness and a too-stimulated

constitution, she will perhaps find better reason for thinking twice.

It should be well appreciated that slow and small feeding may afford more nourishment to a body than quantities swallowed in large mouthfuls. Big meals do not do all the good they are often supposed to do.

As to drink, the simpler it is in nature the better. It is very safe to begin with water and cautiously proceed through milk and the simpler beverages. A wife should need little of a stimulating order in drinking as in eating. Above all, if she be advised that some stimulant is likely to help her in a disordered state of the system, she had better view this as a medicine to be discontinued as soon as normality makes it possible, and remember that the absolutely healthy will easier remain so by abstaining from both too-stimulating drink and food.

Yet, alcoholic stimulants are valuable medicines, do not mistake me. They are not to be equalled by any other drugs in such conditions as the medical man orders them. But they should always be viewed as adjuvants, which only deficiency and disorder indicate as suitable. Anyone requiring stimulating drink is in some degree below the line of good health, and this is simply demonstrated by so many of sound health remaining sound without requiring stimulants.

Now that women know so well that excessive drinking of alcoholic stimulants is a habit that is easily acquired and not easily broken, it behooves them to understand once for all—and constitute themselves the instructors of all posterity—that alcohol is a valuable medicine, and to be used carefully as such; therefore one that is, like so many other medicines, dangerous when taken to excess. Women are much more likely to become enslaved to its fatal luring than men. There

is less hope for reformation in a woman-drunkard than in a man.

Much gaiety and high life—card-playing to late hours and dancing through programmes—flushing excitements and exhaustion, are of course unhealthy; and it is absurd to write such warnings down in this year of grace. Some strength of character and self-denial is what should be displayed; an aiming at moderation in all things should be the life of all who boast a brain higher than that of animals.

Riches should be used to help the ignorant and poor, and not squandered in lives of luxury and debauchery. Three out of five of all women above the artisan class spend an immense amount of their time in striving "to get into society" of some sort. Their joy or despair is engendered by either success of failure to receive the favorable countenance of someone in a better position than themselves. The happiest are those who "hang society!" as far as cultivating this or that silly set goes, and who move through all ranks extracting pleasures out of helping others. So many derive pleasure from trying to pull somebody down rather than from endeavoring to help certain ones up. Hence the lives of many wives consist of about nine parts of discontentment and worry to three parts of wholesome gratification.

All people should make themselves busy doing some good. Idleness for the wife is unhealthy, even if it is not too reprehensible for words; it cannot get one anywhere near happiness. *Ennui* leads to drug-taking, if alcoholic stimulants have been forbidden. Interesting occupation is the antidote to inclination for listlessness. Keep a girl in a lonely farmhouse, and she may turn anæmic and lethargic; show her a nice-looking young man, and she will spring forth gaily with rosy

cheeks "to meet the sun upon the upland dawn"—only to think of him!

Every wife should read over some simple reliable book on the acquirement and maintenance of health. She will then learn from the best of them that her house should be well ventilated at all times, that fireplaces are good ventilating shafts, and that the registers should therefore be rarely closed down. She will appreciate the commonplace that bedrooms should never be stuffy if good sleep is desired.

I will now instruct my fair reader in what she will not easily find in any book—that the troublesome, slight ailments of spring and autumn are largely caused by defective ventilation of houses, for, in the spring, fires are discontinued, which have during the winter drawn currents of fresh air through the room, such currents having found their entrance at tiny and many window and door openings, while it has not been so warm that the windows might be opened. In the autumn the same, it becomes too cold to have the windows open, and it is perhaps too early to begin fires.

The old books have referred to bathing and washing as being healthy, and I need not enlarge upon this subject.

Constipation is a common affection of all women. I propose to make extremely short reference to it in this capacity. I will merely observe that drugs are to be avoided if possible. Most cases will yield to diet treatment and a certain amount of exercise. Diet will effect a cure in most instances *even if exercise cannot be taken.* The class of diet suggested above will meet many cases—vegetable, cereal, and fruit foods should be studied rather than such stimulating foods as butcher's meat. But when diet treatment is adopted

due attention should be paid to the powers of *digestion*, for where constipation is indigestion of some degree may also be present. All cases of constipation should be scientifically dieted as a first treatment.

"Let woman be strong, and lovely in her strength."
—BYRON.

CHAPTER V.

PREGNANCY—ANATOMY AND PHYSIOLOGY.

Every woman should know just a little about her structure. This book would be poorly educative if an attempt were not made to describe the lower abdomen —lower body or "stomach," as many women erroneously term it—in as short and easily understandable a manner as possible.

This region of the anatomy consists of bones which have a covering of muscles externally and to some extent internally; these bones form a cavity, which is called the cavity of the pelvis, the bones being called the pelvic bones. The latter are joined together, and on either side they are spread out upwards and outwards constituting the large hip-bones, so well felt when a person is thin; together with the lowest part of the spinal column, the sacrum, they form a two-storied kind of basin with the bottom out. Both of these stories are very closely concerned with the function of giving birth, and that is why the reader's close attention is drawn to them. Indeed, it may be more exactly explained that the upper story, much larger on account of the spread-out hip-bones, will lodge the growing fœtus of a woman who is pregnant. The living and growing contents that are to form her child are for many months concealed here and kept from harm, while the lower story of this basin of bone will

ultimately, when the time comes for delivery, become the passage through which the child will pass head first. Therefore it will be easily seen why this receptacle has no rigid and unyielding bottom to it. It has a bottom or floor of muscle, however, termed by doctors the floor of the pelvis, which will presently be explained more fully.

Now the reader will be able to understand why some confinements are tedious. If the bones mentioned above are deformed, and will not allow the child to pass through the outlet they form, head-first and naturally, then there will be trouble. In a well-formed woman the bones are most accurately and beautifully fashioned, and arranged so that the head of the child may be permitted to pass properly through the outlet; they do not make a smooth, round, funnel-shaped passage exactly, as might be imagined; in reality the shape is very irregular, to agree to some extent with the shape of the child's head, and with the turns that this head must make in order that it may emerge to the exterior with the least trouble to both mother and child.

Sometimes these same bones are "flattened," not forming an opening suitable for the passage of the child, and instruments have to be used at the birth in order to help the head past the narrowness thus created. And it has even been found necessary to cut the joining of the bones in front—as one might snip through a ring at its narrowest part in order to get it off a swelled finger—so that the child's head shall pass. When the opening is so narrow that the child cannot be born through it, then the front of the body must be cut open, and the child taken out that way, an operation which the reader has probably heard of under the name of Cæsarean section. But this ex-

tremity is extremely rare, and the mere mention of it may be interesting, but need create no undue alarm.

It may interest wives to know that deformity of the pelvic bones is caused chiefly through a woman having had rickets when a child. We have seen that bowed legs, and other bone manifestations of rickets, very strongly suggest malformation of the more hidden pelvic bones. Therefore any woman having bowed legs had better inform her doctor of the fact if she is interviewing him for the purpose of engaging him to attend in her confinement.

These points concerning anatomy are given in order that women may have some idea why their confinements may in some instances be tedious or dangerous. And why should not women know these things? They will feel all the more contented and satisfied if they are quite confident that they are formed properly; and they will be more patient under any tediousness or difficulty. Moreover, they will understand the doctor and his ways all the better. In fact, total ignorance of all such matters as are dealt with in this book ought not to be heard of in these days of high intelligence and increasing culture on the part of women.

There is little to fear in the function of child-birth if a woman be healthy and made properly, and, as such women are in the very great majority, it is well that they should have some means of investigating and knowing about themselves, for their own comfort and satisfaction. It is no doubt unpleasant for the deformed minority to be plainly told about it, to find out that they are what they are, that certain conditions seen denote others that are not seen. Some critics would doubtless argue that the less the gentler sex knows, the better, and that some books are a danger because they only create fear and dread; everything

has its disadvantage in the eyes of some; but nothing will persuade the present writer that a fair knowledge concerning their own anatomy and their highest function will not be distinctly advantageous to women in general.

Continuing our study of the anatomy, therefore, it must be observed that the pelvic outlet, through which the child should pass, has a floor largely of muscle. It should now be appreciated how marvellously Nature has fashioned humanity. There are bones to give framework and strength; there are muscles and ligaments to clothe these bones, to provide expulsive force, to retain the bones in proper position, and to fill up the openings so that a complete and firm cavity may exist for the long tenancy of the growing fœtus; and when the time comes, the whole arrangement is such that the contents may be driven out by muscular force, right through the boney outlet, and through the muscular floor of the pelvis—all closing up afterwards as though nothing had happened.

Now the reader is better prepared to gain a simple understanding as to what a womb is, and where it is situated. A womb is a little body, pear-shaped, and even about the size of an ordinary small pear, and it is more or less hollow. Its walls are not thin, but thick, leaving a comparatively small cavity inside. At its smaller end is an opening, the mouth of the womb, and this leads by a short and narrow passsage—the neck of the womb—to the interior of the organ. The womb is placed large end uppermost within the pelvic cavity or basin just described, just as one might suspend a pear in the middle of a pudding basin which has a bottom made of something soft. And the mouth at its narrow end is directed downwards, into the vagina, which is

the passage leading from the outside private parts, and which is concerned with sexual intercourse.

Just inside the external private parts, reversing the description, is a kind of collapsed tube, which leads straight to the opening into the womb. But in addition to the womb there are either side of its larger end the ovaries, retained by ligaments which are spread out like small wings, while the interior of these ovaries communicates with the interior of the womb by means of very small tubes.

Still, further, it should be known that during sexual union the spermatozoa, or germs of the male, are deposited within the vagina, towards its end, near the mouth of the womb; they then find their way within, and commence to hunt for an ovum. So energetic are they that they will soon find out the tubes communicating with the ovaries. Having found and united with the ovum, conception thus takes place, and the growth of the embryo proceeds forthwith and rapidly. From the fertilization of the ovum to delivery at full term somewhere about two hundred and eighty days are required, or nine calendar months.

The development of the fœtus in the womb is perhaps one of the most interesting and remarkable processes known to scientists; how this mere speck, only one one hundred and twentieth of an inch in size, formed by the union of male and female elements, ultimately becomes a screaming baby—in only nine months—is one of those mysteries of Nature that make one realize how marvellous are the works of the Almighty; like the growing of a plant from a seed, the process goes on apace, as the slow performance of a miracle; we know not how, beyond what microscopes can teach us—but still we know a great deal. We can watch the enlargement and development of the embryo

by taking specimens from animals which have died at different stages, and we can also study the changes that take place when the eggs of birds are fertilized.

The size of the fertilized human ovum at the second week is about a quarter of an inch. This contains the embryo, now so small as to be scarcely visible to the untrained eye. At the fourth week the ovum is about three-quarters of an inch in size, and the embryo within a quarter of an inch. Until the sixth week the developing offspring within the ovum is called the embryo but after this it is called the fœtus, then showing signs of being human. About the fifth week the limbs begin to give evidence of shape and character.

At the beginning of the third month the ovum is about the size of a hen's egg, while the fœtus is one to one and a quarter inches. During these stages the head is seen to be very large in proportion to the body. At the end of the third month the fœtus is about three inches long and the ovum four inches. The placenta, or afterbirth—about which we shall learn more later on—which constitutes the connecting attachment between fœtus and mother, is now distinctly formed, and the cord which unites the fœtus with the afterbirth lengthens and becomes somewhat spiral. At the end of the fourth month the sex can be made out. A fœtus born at the end of the sixth month may possibly breathe at first, but will surely die in a few hours. One born at seven and a half months may live, if great care is taken with it, especially if it be reared at first in an incubator, so that a proper temperature may be kept up for a time.

At full term the length of the child is about twenty inches, and its weight somewhere near seven pounds. Children weighing much less than five pounds have been known to live however; while on the other hand,

some newly-born babes have even been known to turn the scale at eighteen pounds.

A point worth noting is the manner in which the fœtus depends for its sustenance upon the mother. The circulation of the blood of both mother and fœtus is in such association, by means of the placenta, or afterbirth, that, without actual communication taking place, there is an interchange of nutritive and excretory material. The afterbirth is about the size of the two hands put together side by side, a jelly-fish shaped fleshy mass. It is through this afterbirth that the fœtus is fed, and when born the afterbirth comes away also, or rather very soon afterwards, there being no further use for it in the womb. How often mothers have wondered what an afterbirth is, and what it is there for!

As the womb increases in size it raises itself up out of the pelvic cavity, for at length there is not room for it there. Its contents are getting larger and larger, it soon projects forward against the firm but slightly yielding body of the mother in front, while the rigid bones and muscles of the back will not allow it to make any distinct encroachment there. Very often the enlarged womb is not quite in the middle; in such a case there need be no anxiety; but if its shape is such that very much more seems to be situated on one side than the other, or if it does not seem to be of a fairly regular oval shape, but uneven and one-sided, then the position of the child is very likely wrong, and trouble may be expected at the confinement if the position be not altered previously by the doctor.

Let us closely follow the womb's enlargement again. At the end of the first three months, it is still a pelvic organ, and has not risen high enough to be easily felt by the wife herself. At about the fourth month,

however, it rises to touch the front of the body over the bone of the pubis, and may be felt quite readily. At the end of the fifth month, it reaches the navel. At the seventh, it is half-way between the navel and the low front chest-ribs. At the beginning of the ninth, it is close to the edge of the ribs. And during the last two weeks it sinks down just a little. From these indications a woman may know, approximately how far she has advanced in pregnancy.

From the very first the embyro is doubled or curled up, to occupy the least space, its head directed towards its knees. As it enlarges it may be observed to be arranged in as compact a manner as possible. Limbs are bent upon themselves, the legs being drawn up, and the head is bent forward, so that the whole mass comes to be as near egg-shaped as is possible to be. The head end of the curled-up embryo should be directed downwards, to be normal, for it is the best part to come into the world first, and the folded legs upwards. The head descending, being comparatively firm, yet capable of yielding to some extent at any particular spot, will force a smooth passage for itself, making a way for the body afterwards in a manner that no other portion of the body could accomplish so well: it is capable of exerting a gradual pressure and expansive force on the passages, acting like a very blunt and rounded cone, opening out a road for itself. The difference is at once perceived when, in labor, any other part of the body should happen to present first; much greater difficulty in the process of dilating is met with, and so much more time is required for the birth to take place.

"We are fearfully and wonderfully made."

—DAVID.

CHAPTER VI

SOME OBVIOUS CHANGES THAT TAKE PLACE IN A WOMAN DURING PREGNANCY

A certain amount of swelling will be experienced in the external "private parts" of generation during pregnancy, and generally an increase of mucous discharge. But the most important changes depend partly upon whether the pregnancy is the first or not. In the case of a first pregnancy the walls of the abdomen will be much firmer and tighter, not yielding so readily as they will on subsequent occasions. And this firmness and rigidity will make itself known, moreover, by the effect that the enlarging womb will have on internal organs. So great an increase in size will have to find accommodation somewhere, and uncomfortable pressures on all sides are therefore almost bound to take place.

It is only reasonable to suppose that a hard, unyielding abdomen, likely to be found in one who is young, and who has never before been pregnant, will tend to force backwards a heavy womb, thus causing extra pressures on parts downwards and backwards. Therefore discomforts of all kinds are more manifest during a first pregnancy, and this is solely due to the unyielding disposition of all parts; but one must not overlook the fact, also, that sensations felt for the first time are often felt more severely, simply because it is the

first, and it is quite likely that the same amount of pressure on subsequent occasions would not be noticed so much. It would be impossible to measure the amount of pain and distress felt on different occasions, as so many things regulate individual perceptions; a woman who is not enjoying such good all-round physical health will be likely to suffer more general distress from all the pressures of her pregnancy than one who is hearty and robust, for instance.

Asking the reader's attention to some of the pressure effects of pregnancy, it is important to observe that the water bladder is pressed upon at certain periods, and the desire for passing water is consequently rendered more frequent. This is especially noticed during the first three months, because the womb is gradually enlarging and pressing on top of the bladder during this time. After the third month this distress is not perceived so much, because the womb enlarges, and now rises to rest slightly forward on the front of the body. Very little can be done for this frequency of passing water, excepting waiting. Sufferers are, however, advised to take a good deal of rest in the recumbent posture if the distress is very great and the frequency inconvenient.

The pressure on the bladder noticed during the earlier months of pregnancy, and going away again almost entirely later on, is perceived again during the last week or two, when the womb sinks down a little. But throughout the whole of pregnancy the water of a woman is increased slightly in amount on account of the pressure that occurs on the blood-vessels throughout the body.

Very often the feet and legs will swell on account of pressure on the veins, if a woman be not strong; or if she have had any tendency to varicose veins before the state of pregnancy, she will be extremely liable to

them while pregnancy exists, and she may find it necessary to lie down a great deal in order to relieve the pain of them. If they should get very bad, it may be advisable to wear elastic stockings to support the swollen veins until the confinement is over. Too early support, however, and stockings for only a trifling amount are not recommended, for a certain degree of extra strain ought to be borne, while recovery will be all the more rapid and complete afterwards if natural resiliency and recuperation is permitted to bestow its influence. The legs will only be weakened by too early support. Rest on the back at intervals will take away a good deal of the pressure downwards and will relieve the full veins to some extent.

The same pressure upon the vessels will also sometimes cause varicose veins of the private parts, which are relieved in the same manner, and at the same time, that the veins of the legs are, by recumbent rest.

During the pregnancy the navel, instead of remaining a depression, will first come forward, flush with the surface of the body, afterwards even developing into a distinct prominence. The weight and pressure of the heavy womb will distend the walls of the abdomen so much that, on rare occasions, the large flat muscles which form these walls will give way, never to unite again. Women who encounter this misfortune will generally be found to be suffering from loss of tone, or some form of ill-health which has rendered their whole muscular system weak.

In all cases, during the later months of pregnancy especially, the skin will crack in its deeper layers, leaving the actual surface, however entire; and red marks will show the lines of rupture very distinctly. When a confinement is over, these cracks heal up, and the whole abdomen contracts to resume its former

shape as nearly as possible, but never quite completely. The red lines of the skin-cracks will then begin to turn white. These lines are extremely useful to doctors very often, for they indicate that a woman must have been pregnant at one time; they are useful for the purpose of identifying any dead body that may be found, for instance—and for other purposes sometimes.

An unmarried girl once became pregnant and sought the advice of a doctor. She thought that she would excite the compassion of this doctor, and *perhaps* induce him to treat her so that the pregnancy might be undone, by telling him she had been cruelly assaulted by a man in the train! Doctors, however, learn how to sift the truth of such stories; this particular practitioner began by giving the girl slight hopes, and he also designedly made reference to the benefit of doubts; he, moreover, gave her just a little sympathy, in order that he might all the easier *first* find out whether the girl was really pregnant—for some merely *imagine* they are so, after having conducted themselves improperly with their lovers. The girl was asked to expose the nipples of her breasts for examination; meanwhile the doctor thought that he ought to be extremely careful this time, in his judgment, because the girl was expressing her determination, while giving her history, to take action against the man who assaulted her. Now, it must be fully appreciated that a man may, or may not, have assaulted her. She was in the family way; and she might possibly have enticed some man in the train to take liberties with her so that she might bring paternity home to him. Such schemes are planned oftener than the reader may imagine. Well, here is where the white lines of a former pregnancy came in. This girl seemed quite a

good girl, and she poured forth her tale with all the airs and beseechings of genuineness that she could conjure up. Her nipples looked very unlike those of a virgin, and therefore the abdomen was examined. There were white lines! After being told very impressively that she had been pregnant before, and that her story was not believed, the girl went away ashamed and sorrowing. The important point is this: the true character of the girl might have been misjudged, the deception of her story being carried through completely and successfully, if she had proceeded to take action against perhaps quite an innocent man.

The white lines or scars I refer to are very significant. They are even convincing. Tragedy has even followed their discovery, after a husband had fondly imagined his newly-wedded wife to have led a blameless life.

Signs of cracks in the deeper layers of the skin may sometimes be found, which have nothing to do with pregnancy, however, in those who are extremely fat, not only on the abdomen but on the breasts, buttocks, or thighs. Abdominal tumors, which cause great enlargement, will also produce them; it is important to remember this point also.

"Accuse not Nature, she hath done her part;
Do thou but thine."

—MILTON.

CHAPTER VII

THE SIGNS AND SYPTOMS OF PREGNANCY.

Most wives will quite agree that it would be extremly useful if they could always tell just when they became pregnant. A condition that imposes a burden upon them that will increase as months go on, and which entails a good deal of anxiety, and often suffering afterwards, is one that must be viewed with some seriousness; the bare truth whether a woman is pregnant, or is not, must therefore be of some value.

In the first place, however, the reader must grasp one fact in particular, and that is, most of the signs or symptoms of pregnancy are unreliable *when considered by themselves*, and consequently the difficulty of arriving at a definite and correct conclusion is sometimes very great. It is only to be expected that wives themselves should often find it impossible to find out the truth, even when they have learned from a book what to observe and how to judge any symptoms they display. In the following paragraphs the various signs and symptoms of pregnancy will be given and explained, so that the reader may gain a fair knowledge of the chief points from which doctors derive their judgment. But, just before turning to these, let us be certain of the meaning of the terms, signs and symptoms. Signs are facts that are visible or audible, such as spots, swellings, or heart-beatings, for example. Vomiting and hemorrhage are signs as well as

symptoms for a patient may feel them and relate the fact to the doctor, who may also see them if he have the opportunity. Pain is a pure symptom, not capable of being seen, even though its effects may be. Sensations are symptoms.

Now we may commence our study of this subject by noting the fact that when pregnancy exists a wife will sometimes experience mental or nervous disturbances; neuralgia, sleeplessness, or gloomy forebodings may trouble her, which will lessen, however, as pregnancy advances. The reader must not forget the fact that such symptoms as these are not invariably present, but they are experienced in a sufficient number of cases to justify their inclusion in a list of signs and symptoms; this same warning should be taken regarding most of the other signs and symptoms about to be mentioned. It must not be supposed that because a woman has not one or the other out of the list she is therefore not pregnant; and conversely, she must not put herself down as certainly pregnant if she have only one or even two signs or symptoms to be found in the list. Such nervous conditions as those named may be very successfully treated by medicines and by mental persuasions. The patient may well be comforted by the information that it is only on rare occasions that a woman does not get over her confinement *quite satisfactorily.*

A good deal of irritability of temper and disposition to quarrel is sometimes shown by a pregnant wife, but this may be lived down or counteracted in some simple way or other for the time being. Occasionally pregnancy has been observed to soothe an irritability of temper that is natural. Therefore the reader will see that the very first symptoms mentioned, namely, nervous or mental changes, are not in the least to be relied upon by themselves. Almost any state of the

nervous system may show itself, from calmness of disposition in one who is usually of an excitable nature, to hysterical or wild expressions of horror at trifling things in one usually so calm. Consequently, pregnant women should always avoid sights or stories that are unpleasant. They should cultivate a serene, sweet, happy, and undisturbed frame of mind. I would further strongly advise lady doctors not to practise in their profession if they are wives and should become pregnant, for tendencies to over-estimate unpleasant sights are often observed in pregnant women. Operations, and the instruments concerned, sights of blood, such might produce an abnormal effect upon any pregnant beholder.

Some amount of tenderness and fullness will usually be perceived in the breasts during pregnancy, sometimes quite early, and occasionally shooting pains through them; and at the second or third month enlargement may be noticed, which will grow more pronounced as pregnancy advances. Blue veins will also be observed coursing along under the skin surface, which are not to be found when the breasts enlarge through any other condition but pregnancy. The nipples, and the brownish or pinkish area around them, generally take on features that are most characteristic of pregnancy. The nipples themselves always become more prominent and sensitive; and they are liable to stick out more when touched, or if nipped or squeezed; as early as the third month sometimes, a little mucoid discharge may possibly issue from them in many cases. This mucoid or milky discharge is also a more certain sign of first pregnancy—in fact, a most significant one. The darkened circle around the nipples becomes deepened in color, the degree depending upon the complexion of a woman: the fair may hardly

show any change in color at all, while sometimes the dark will even manifest a hue almost quite black. Such darkening is observed more distinctly when pregnancy has occurred for the first time; some amount may persist afterwards, rendering the sign unreliable in future. Moreover, twelve or fifteen little spots, to be found in the darker area around most nipples, will, during pregnancy, become much larger and more obvious.

An appearance of veins over the breasts—which themselves have become firmer and probably slightly larger—is a sign of some value. But a mucoid discharge from the nipples, which have been squeezed, is not quite a certain sign. Infants will sometimes show a similar discharge, while some observers have recorded instances occurring in old women—and even in men!

A tendency to darkening may also be seen in other parts of the body, in those parts where some difference in color is always to be found. The color may be deepened below the eyes, and on the abdomen, for instance. Nearly always a dark line is to be found running downwards to the pubes, from the navel, in pregnant women. Occasionally quite an appearance of tanning may be seen on the face also, especially on the sides of the cheeks near the temples, causing rather a disfigurement; this will however disappear again soon after confinement.

Most signs are of themselves only corroborative, and must be placed side by side with several others before a final conclusion is arrived at. They may be found in other conditions besides pregnancy. Imagined pregnancy will even produce changes, in color, and markings as well as size.

The spots around the nipples, in the dark areolæ,

are not an absolutely certain sign either, though they may generally be relied upon in conjunction with other signs and symptoms. Some show them more than others, in even the virgin state, and they will also undergo a certain amount of change in appearance under conditions other than the pregnant one.

The digestive system seems to be affected in many cases, and a depraved appetite, with particular fancies, or distastes, or longings for strange articles of diet, may develop. But the same symptoms have also been observed in those subject to menstrual disturbances or irregularities, so that even they are not to be relied upon by themselves. Increased flow of saliva is also frequently observed.

Morning sickness is a valuable sign or symptom, especially if nothing can be found to satisfactorily account for it except pregnancy, and more especially if the slightest enlargement of the abdomen can be made out at the same time—and if the monthly periods have also stopped. Sometimes it occurs immediately on conceiving, but generally it begins after the first menstrual stoppage, and continues more or less for two months, while it may go on as long as four months. There are some very definite peculiarities about it which will serve to distinguish it from vomiting produced by other causes. It occurs generally in the morning, as its name indicates, and causes very little discomfort. Just the opposite to sea-sickness, for instance, it does not make the patient feel particularly ill. It is possible that it may be complicated with ill-health, however, and in such a case perhaps nausea may also be experienced. A woman can eat after vomiting, when afflicted with ordinary morning sickness, and will appear to others to be none the worse for "throwing-up." The symptoms of nausea

may occur as a result of disordered digestion, the sickness being compound. Very severe vomiting is dealt with in a later chapter.

The tendency to pass water more frequently, referred to in the previous chapter, is a symptom that several other conditions besides pregnancy might produce; therefore by itself it is unreliable. But its presence might help, to some extent, to persuade an anxious wife that she was "in an interesting condition," especially when other strong, confirmatory evidence was there.

The stopping of the monthly periods is a symptom commonly made very much of, especially by unprofessional observers. It is generally the very first thing noticed by a wife, and is sure to lead her to suspect pregnancy. When there does not appear to be anything else to account for it, such as anæmia, consumption, or any definite illness, then it is a sign of very considerable value, especially if the monthlies have always been regular before. But once again the reader must be persuaded that no sign or symptom taken by itself can be an absolutely reliable indication whether a woman is pregnant or not, for it is a fact that a woman may be pregnant and still go on having her monthly periods. It is not usual that this extraordinary condition manifests itself, but it occasionally does.

Just for one or two periods a small amount of colored discharge may make its appearance after conception has taken place, making a woman believe that she is not pregnant, and cases have been known in which some discharge has continued to occur throughout the whole period of pregnancy, though perhaps not quite regularly both as to time and amount.

The monthly periods of any woman may stop on

account of some shock, such as a railway accident would produce. And cases of stoppage, not due to pregnancy, have been known to follow marriage; they have occurred through mental or nervous changes which have been brought about. Fright, alone, has been known to cause a stoppage after illicit intercourse had taken place.

It must be carefully recollected that though certain conditions of ill-health will put a stop to the menstrual periods, pregnancy may be present at the same time. Menstruation is commonly suspended during lactation —that is, while feeding a child on the breast. And every mother should know that such suspension does not prove that they cannot become pregnant again, as is very often supposed. Women have been known to go on feeding their children on the breast simply in order to prevent further conception, as they have imagined; but they may conceive again during this time, notwithstanding. This may be understood from a curious fact, referred to in a later chapter, that a woman may conceive even though she have never menstruated.

Not only is the stoppage of the menstrual flow a valuable sign of pregnancy, when considered with others, and when it cannot be accounted for readily by any other condition, but it is still more valuable because the date of the last appearance is used to reckon the date for delivery from.

One of the most certain symptoms of pregnancy is that almost invariably perceived by the wife herself, namely, the fœtal movements—the movements of the child in the womb, which give the sensation of fluttering or slight thumpings, according to the energies displayed by the fœtus. They may be felt earlier, but the usual time for them to be sufficiently pronounced

to be unmistakable is at four-and-a-half months, when the size of the fœtus is such that parts of it press on the front of the abdomen. They may also be *seen* quite well on looking carefully at the surface of the abdomen. When they are first felt, a woman commonly understands that she is "quickening." They give her an idea that everything is developing now apace. When first felt by a wife who has not been pregnant before, they are so unusual to her that they often give rise to faintness or unpleasant sensations. Later on they are much more evident, while sometimes they may be so strong as to distress the wife very much indeed, causing sleeplessness. The fœtus may be made to move at almost any time by handling it through the surface of the abdomen.

These movements of the fœtus are extremely important in more respects than one. They not only indicate pregnancy if there has been any doubt beforehand, but they show that the fœtus is living, and they often thus set anxious minds at rest which have been worrying for weeks over the question what has really been developing, whether a fœtus or a tumor, and whether dead or alive. Also, they give some indication as to how far advanced a pregnancy is. If a woman have lost count, or if she have not paid sufficient attention to her signs and symptoms to be able to come to a conclusion from them, the "quickening," at the four-and-a-half months, will tell her all. But here again we are pulled up by confusing exceptions, for movements are not always felt as early as this, and, on the other hand, movements may be felt which are not caused by a fœtus but by the bowels; those expecting or hoping for pregnancy have often in their enthusiasm and anxiety imagined that they have felt fœtal movements.

Doctors can feel the parts of the fœtus through the walls of the abdomen long before the woman herself can. Even at the beginning of the fourth month, movements can be felt by a doctor when an examination is made by the finger through the vagina.

The reader will understand that, among those signs and symptoms of pregnancy which have been given, some will be evident and useful to a woman herself, while others can only be fully understood and looked for by the doctor. Both sets are given, however, because it is well that women should know something of the signs and symptoms as they are understood and considered by scientific and practised medical men. Women often think that it must be one of the simplest things in the world for a doctor to detect pregnancy; so it is, generally, but there are so many other conditions, such as tumor formations, malformations, and even imaginary formations on the part of patients, that, occasionally, some difficulty must be found. Moreover, on rare occasions, pregnancy and tumor formation will occur at one and the same time. A certain doctor might find the tumor and overlook the pregnancy another might detect pregnancy and miss the tumor, and still another might discover both, even though neither were far advanced in growth. Sometimes a tumor growth is small and a pregnancy far advanced, and again, a growth may be large, while a pregnancy is just beginning. It will therefore be at once seen by the reader that circumstances are bound to create difficulties and confusions in a few rare instances. An extensive knowledge of complications and variations has made medical men extremely cautious in their judgment respecting pregnancy and other conditions, and it is by no means true,

as some appear to imagine, that a doctor can tell when a woman is pregnant by the look of her face.

Pregnancy causes such changes in the blood-vessels —varicose veins, for instance—that the vessels of the vagina also shows signs of being influenced. This same sign may also be observed, however, when tumors are present, so that it must not be taken for a certain one by any means.

The most useful and certain method of diagnosing pregnancy for the doctor to employ is the listening through a stethescope for what is called a souffle, and for the fœtal heart-sounds. A souffle is a sound made by the rushing of blood through vessels, and it may be heard towards the end of the fourth month or even earlier. The stethescope is pressed deep down on the sides of the woman's abdomen, and the characteristic sound is listened for. But this same sound may be also caused by the pressure of tumors, and therefore the heart-sounds must also be sought for. These can be heard in the same manner, for the first time as early as the eighteenth week. They sound like a watch ticking under a pillow. No indication of pregnancy is more certain than these heart-sounds. They can belong to nothing else but a living fœtus, and they are therefore absolutely conclusive.

But heart-sounds are extremely valuable for quite another reason; they indicate the exact position of the fœtus as it lies in its mother's womb. As we have seen already in this book, the fœtus does not always lie in one direction, or even position. There is one direction which is commonest and most natural, namely, that in which the fœtus has its head directed downwards, its back turned towards the left groin; and the doubled-up legs and arms facing the right buttock, while the breech or opposite end of the fœtus is

directed upwards. This gives the commonest position quite roughly. Sometimes, however, the head is uppermost and the breech below; the back of the fœtus being directed towards the back of the mother instead of the front, and still more rarely and more unfortunately the foetus may lie "crossed" in the abdomen—that is, in a more or less horizontal position. The doctor can tell exactly what position a fœtus is in by ascertaining where he can best hear the heart-sounds; and he can also tell whether there are twins or not, of course.

The reader will know enough at this stage to be able to realize how easily conditions of the abdomen may be misjudged, and how it may occasionally be rather difficult for even a doctor to come to a conclusion when there are complications during the very early months. During the first three, and sometimes four months, the difficulties are greater because the womb has not then grown very large—perhaps only the size of an orange. But even at this stage a doctor can generally tell quite certainly, by merely handling the womb from the exterior, especially when other signs and symptoms are present, whether an enlargement present is due to any other cause. There are conditions, however, which no one in the world can diagnose, without exploring the inside of the womb itself. A dead embryo or fœtus—with no heart-beat—may remain in the womb a long time, for instance, giving all sorts of contradictory signs and symptoms.

Every pregnant woman would naturally wish to know whether her fœtus were alive or dead, should she develop the slightest suspicion of anything being wrong. There are indications of death which a woman herself may learn and perceive, and there are others which only doctors can be acquainted with. Of

the former the following are the commonest:—Before any movements of the fœtus have been felt, during the earliest months, it may be noticed that the gradual enlargement formerly noticed has stopped, and that in some instances there has even been a diminution in size or a sinking lower. At the same time the breasts may also be felt to be less firm than before. If the general health is also noticed to be below par, the death of the fœtus has probably taken place. A sensation of a cold dead weight in the abdomen is sometimes described by mothers. If a dirty brown discharge comes from the womb at the same time it is certain that the fœtus is dead. Some women have noticed nasty tastes in the mouth while carrying a dead fœtus. Shivering fits are also frequently complained of.

"For time will teach thee soon the truth,
There are no birds in last year's nest!"
—LONGFELLOW.

CHAPTER VIII

AN INTERVIEW WITH THE DOCTOR.

There is really little occasion for a women to let her doctor know that she suspects she is in an "interesting condition," or that she is even certain of it, during the very early months, unless she have very particular reasons. Sometimes the excitement that a suspicion creates will lead a wife, or even her husband, to desire to know the truth, at once if possible, and the doctor's verdict is sought without delay; but, after all, time proves most things, and a little patience is never so valuable as on these occasions. Another month or two and everyone can be certain. But not infrequently the pressure symptoms produced by the enlarging fœtus will not be understood, or will produce a feeling of unrest which only a visit to the doctor will settle, especially if the pregnant condition be the first one.

It is satisfying to be certain of one's condition; even men often realize this; some have remarked, when they have been a little out of sorts, that "It does a fellow good even to see the doctor and have a chat with him; one gets re-assured, and the horrid imaginings are soon dispelled." Therefore if a woman be pregnant for the first time, and does not know what signs and symptoms such a condition produces, she naturally looks for some advice.

But of all things that disturb a young wife's mind, whether she be pregnant or no, there is nothing so discomforting and disturbing as the ill-advised and often intensely ignorant opinions given her by friends of her own sex, old, young, married, barren, or even single. The young pregnant woman reminds one of the wounded sea-gull. As soon as her condition is perceived her friends and relatives begin to flock around her with exclamations, commiserations and grave warnings—or at least to have a little chat about it. All try to be as wise as possible, of course. Elderly ladies relate their own experiences—chiefly very horrid, blood-curdling, and ghastly ones. Younger ones sympathize, but also relate stories of a dreadful nature. Barren women hold up their hands in despair for their friend, thanking God they are not as other women are. Even single ones will guardedly and decorously pay an afternoon call, when they think no one else will be there, in order "to see how she takes it," and to touch upon the question in a quiet but still inquiring kind of way, as much as to say: "It may be rather horrid, in a way, but I wish I had the same chances; I should not mind risking any of the disagreeable things about marriage if I could only find a husband myself!"

It might be supposed that the talking-over of an "interesting condition" with nearest and dearest friends would be the most comforting and valuable thing a woman could do. So it is, sometimes—when the friends are true, really wise, and quite discreet. But very great harm is often done, and misery brought about, through careless conversations with friends, who know very little about the matter, but who always have some "little instance" at their finger-ends, and who seem to delight in creating alarm, producing

uncomfortable feelings and expectations in the young and timid. Any book which can give a young wife a fairly good idea of all that concerns maternity, from the beginning to the end, will be advantageous, if read and trusted in, merely to the extent that the words of friends can be proved by it to be true or false, honest or exaggerated, or better still, if busybodies can be silenced altogether, as they usually can be by a display of superior knowledge. Let the inexperienced wife read for herself what she may expect, and tell her alarmist and provoking friends to talk about something else when they visit her.

The young pregnant wife who is so very much visited may, of course, have a pain or two to complain of. But very rarely will her friends tell her this is nothing, or that it will soon pass away again; they will usually look serious and begin to theorize; they will feel sure they know the meaning of a particular twinge "if it is on one side"; they will feel convinced that it is a sign of that dreadful condition "the afterbirth growing to the side"; or they will argue that it is caused by two children struggling for more room—that "there are of course twins if that is the case." Friends have also many wonderful instances to relate, which either occurred in themselves or which they have known or heard of in others, and some will take a delight in informing the young and unacquainted, "If there is no room you know, my dear, sometimes the doctor has to cut it out in front of the body; oh! it is dreadful at times."

Good and sensible mothers are the ones to give useful counsel, if anyone should, and not the curious, possibly childless, or naturally mischievous casual visitor. This matter would not be touched upon at all in these pages but for the fact that so many women suffer—

often quite seriously—through the thoughtless words of their friends. The present writer has known many wives who have dragged on a most pathetic, despairing, and even agonizing period of pregnancy simply because undue dreads of the future have been created. It would be impossible to exaggerate the harm that is sometimes done by merely a few words with some careless and thoughtless gabbler. One case is remembered where the wife was constantly sending for the present writer, because she was "certain she was going to miscarry." She had been thoughtlessly and wrongly told how women feel when such an occurrence is impending, and, in her nervous state, she had on several occasions afterwards imagined pains and bearing-down to such an extent that more than once they were actually induced. The more she pained the more her friends assembled around to talk to her. Having got over the several suggestions of miscarriage, she was nearing the full term when someone told her that she was sure to have a bad time considering all the false pains she had had some time ago, and that something wrong must have resulted to make her future confinement dangerous to her. Something wrong had resulted, it is true, but not what this friend had supposed. Nothing at all was defective in her anatomy, or with the child when it was born; but the woman was a perfect wreck when the time for her confinement came, and she had no strength to go through it, ultimately requiring chloroform and instruments. Her nervous system was all-to-pieces, and she made a very slow and imperfect recovery—*all this on account of conversations with friends.*

Any young wife would have learned a valuable lesson, if she had merely read these few paragraphs dealing with the advice or information of friends concern-

ing her impending pregnancy, and had not looked at another page. There is something that appears so trifling, and that is so easy to obtain, but withal so dangerous to a woman as careless conversations, with odds and ends of visitors, upon the past dangers, the present risks, and the future probabilities that are connected with "an interesting condition."

In any case of doubt during the earlier months, if the young wife's mother herself do not thoroughly understand everything, and if all cannot be found intelligible in a handbook, then it is best to visit the doctor at once. It will be necessary to have to visit him before long, in order that he may be retained to attend the confinement, and therefore there need be very little hesitation. He will set anxiety at rest and take stock of the existing state; he will help the mind out of its troubles or forebodings and inspire confidence for the future. Let any dark information or frightening ideas be put before him, and let him give his version; he will not terrify or mislead.

When making the first visit to the doctor save for his examination a specimen of water that is passed on first rising in the morning. Such a specimen should be saved and examined at least once a month during the first eight months and once a week during the ninth. Oftener should the doctor so direct. By a careful urinary examination the doctor is often able to prevent and anticipate trouble of a serious nature.

It is the custom for pregnant wives to definitely arrange beforehand for their doctors to attend them in confinement, for certain reasons. Pehaps the most important is this: the patient ought to be satisfied in her own mind that she will be professionally attended to when the time of her delivery arrives—or make as certain as it is possible to be. Medical men take

holidays occasionally, and they have a "day off" now and again—the more fortunate of them—but if they have arranged to attend a confinement on a certain date they will not leave home for very many hours together about that time. Another advantage of the custom is found in the fact that arrangements to attend patients in confinement places medical men in the position of being able to refuse emergency cases for which they have not been previously engaged. A doctor may refuse to attend a woman in confinement if he has not arranged to do so beforehand—indeed, if he has any other case of his own to attend to, whether confinement or not. There is no excuse for a woman who has not arranged with either a doctor or a midwife. It is true that doctors are sometimes sent for by midwives who require skilled assistance, and that they always attend when they can, but that is another matter.

Sometimes, also, a young wife will want to know from the doctor what fee she will be expected to pay, and this she may also ascertain on her first interview with him. While touching upon this subject it may be explained that there is a custom which still largely prevails among the poorer classes of paying a doctor on the day of the birth or on the last visit after confinement; this doubtless originated because of the nature of this class of case, being one for which the payment of the fee ought to be certain and made without delay. Doctors are proverbially subject to bad debts, for various reasons; they are generally so willing to attend without questioning the exact status or probity of the people they visit; they are often very unbusinesslike and open to dishonest intentions; and, moreover, they are less likely to take extreme measures to recover debts. But though the injury thus

inflicted upon a hard-working and self-sacrificing set of men is great enough, when returned for services rendered of the ordinary attentive kind, the cruel and criminal neglect to render payment for work done in respect to woman's confinement—perhaps in the night, when the rest of working humanity is asleep, and when all is cold and dreary—is beyond adequate comment, there can therefore be no wonder that the custom of prompt payment of midwifery fees should prevail.

The reader will clearly understand that a first confinement is usually very different from any that may follow, as has been suggested in an earlier chapter, and that her relationship with her doctor will naturally be in some respects rather different on future occasions, as may well be imagined. It very often happens that a young wife is obliged to engage for her confinement a man she has never seen before, for she may have left the district she was brought up in by her parents. But she will generally have taken very full advice from her friends as to what doctor she should engage; though not always by such means does she meet the most satisfactory one according to her own ultimate judgment. Friends have often peculiar reasons of their own for recommending certain doctors. It is not always safe to trust to the recommendations of apparently sincere visitors. But what else is a woman to do? the reader will doubtless ask. The reply is, that she cannot do better than listen to the advice of one or two of her very nearest and dearest friends, who *themselves have had children*, and who have learned their doctor by *personal experience*.

The first visit to the doctor, by the young wife pregnant for the first time, is therefore an important mission. She will have the opportunity of making his

acquaintance, and gaining a certain degree of friendship which will make her feel happy and contented; she will feel that she is sure to have some one to attend her who will have full regard for her welfare. She ought not to see her doctor for the first time at the bedside, when in her pains of labor; she ought to know what face to expect as the man enters her room, and what kindly sympathies he is likely to bestow upon her in her trouble; she ought to feel confident that if the worst came to the worst nobody could do more for her than her doctor, and nobody would be more considerate and helpful.

It must happen on rare occasions that a doctor has never seen his patient before her confinement has commenced. A doctor who had been seen before, and engaged, might be ill, or of necesssity away from home, while another is provided to attend. The patient cannot help feeling disappointed, and to some extent uncomfortable, under such circumstances. One could not help having the greatest pity for a woman, who has anxiously awaited the time of her delivery, and counted upon the attendance of a doctor so well recommended and so pleasant and satisfactory on being interviewed, and is obliged in the end to put up with his assistant or some other strange neighboring doctor hastily called in. But such things are bound to happen occasionally, and no one can prevent them.

Not only will the interview to arrange the date, and to make attendance practically certain, help to form some acquaintance in the case of strangers, but the doctor will have an opportunity of finding out what his new patient is like, whether she is sound and healthy or not, and whether she is likely to have a favorable confinement or not. Very often a good idea as to prospects may be obtained by a merely casual

survey of a woman's figure and form, and from her account of previous illnesses and present symptoms, while the doctor may be quite satisfied that the event is likely to pass off well when the time comes. But he may not always be so satisfied. Something may lead him to think otherwise. He may there and then suspect a deformed pelvis, and require to make either a superficial or an internal examination as the case may be, so that he may know what to expect at the confinement, and be prepared for it.

Certain measurements of the size of the pelvic bones have sometimes to be taken, and it may now and then be necessary to ascertain the position of the fœtus as it lies in the body, by the method of sounding, or by handling through the abdominal walls explained in a previous chapter. But whatever information a woman may obtain from such an inquiry on the part of her doctor, she should never make matters worse by turning frightened. At the present day there are many perfect methods of effecting painless delivery, no matter how deformed a mother may be, and doctors have become so skilled through increased knowledge and advanced discovery, that women have really little to be afraid of even when the worst things happen. It is only extremely rarely, after all, that confinements are not quite natural, while the mortality is very, very small under all circumstances—scarcely what women themselves would believe.

Most of this chapter is concerned with the young wife who is pregnant for the first time, and she could hardly realize how different everything will be on subsequent occasions. After the first time she will find everything so quick, easy, and familiar that she will hardly be disposed to worry in the least; she will know her doctor; he will know her; and she knows

herself. Both have confidence. The book that had given information for the first confinement may now be read over again; but it will not be found quite so necessary, even if it may always be more or less useful and interesting to a wife, inasmuch as that great master Experience has meanwhile also taught wisdom.

The doctor will tell his patient when to expect her confinement; he will reckon it quite accurately, in most instances, from the date of the last monthly period. Of course accuracy cannot be assured when the patient herself has made a mistake; and moreover, every woman is liable to a premature birth. As a rule, however, the date can be fixed wonderfully accurately by the doctor, who consults tables made for the purpose.

The wife herself may calculate the probable date of her delivery, however. She should count always from the last day of her last menstrual period, not the first, and she will require about 278 days from this day to her confinement, judging from averages.

Every woman consulting a doctor, whether on account of a pregnant condition or any other, should bear in mind that he is a man whose duty it is to help suffering humanity. He is not curious—not unkind. He will listen to complaints with sympathy, knowing so well from the many cases he sees what a woman's feelings must be, when she finds it necessary to consult him on account of her private anxieties or complaints. It is true that some doctors are easier to talk to than others, and appear more pleasantly responsive, but practically all realize that they have a very important duty to perform, towards even the poorest and meanest patient. As gentlemen, they will use every consideration for those inclined to be nervous;

and whenever an investigation should be unpleasant or painful they will do what they can to alleviate.

"O, fear not in a world like this,
And thou shalt know ere long,—
Know how sublime a thing it is
To suffer and be strong."

—LONGFELLOW.

CHAPTER IX

LIFE DURING PREGNANCY—DIET AND EXERCISE.

A pregnant woman should lead the healthiest life possible, simply because her condition as a prospective mother will properly require it, and because her ultimate confinement will tax her strength to a considerable degree, while the after-feeding of the infant on the breast—if this is decided upon—and it ought to be—will require physical fitness and a healthy performance of all functions. If she have not already studied certain principles of healthy living—unless, perchance, she may never have had occasion to study herself, having been always well and hearty—then she should at once commence to take an interest in the maintenance of good health. Whatever may happen, and however difficult and irksome such reading might be found, she should make some study and analysis of her body and mind; it will indeed pay to do so.

It would be impossible in the space of an ordinary chapter to give anything like a full idea of the kind of life a pregnant woman should lead, because no two women are alike in temperament, abilities, or inclinations; and moreover, different classes have different advantages. Of course, any peculiarities or radical defects of constitution, even of liver or digestive organs, should be carefully watched, and, if bad enough, placed under the advice of a doctor.

Under normal conditions very little need be mentioned regarding diet. Good mixed diet, with a leaning towards the little in the case of butcher's meat, cannot be improved upon, while it is quite a mistake to imagine that a pregnant woman requires more feeding up than one not in this condition. Friends are sometimes in the habit—of course there are friends who know a very great deal about these things—of recommending a young pregnant woman to take beer, stout, port wine, and such like stimulants, thinking that they are good for this, that, or the other; but she had better take such recommendations with extreme caution and obtain more reliable advice before acting on them. Even doctors are extremely careful before they recommend stimulants of any kind, beyond those usually taken by the individual, because they know that pregnant women may so readily be inclined to take them in too great quantities. Incurable drinking habits have often been contracted before, during, or after a confinement. As a rule, the less taken of an alcoholic stimulating nature the better during both pregnancy and lactation. Weakly women may think they derive some benefit from a little beer, stout, or wine, and their strength may really be supported for the time being; but unfortunate is the woman who constantly finds occasion to take more than her customary allowance; she is doomed.

A fair amount of exercise should be taken during pregnancy; in fact, as much as the legs will comfortably allow. If a woman suffer from varicose veins to any great extent, or from other pressure symptoms, then she had better abstain from much walking exercise. In such a case, she would derive considerable advantage from drives out in a conveyance of some sort, if she be in a position to afford such pleasures.

Should she be naturally strong, a little cycling will not do much harm in the earlier months, provided it is done slowly and easily, and no hills are negotiated —indeed, in many respects it will do a great deal of good—for cycling is really easier than walking *when indulged in moderately.* If she cannot sit on a saddle comfortably, however, or if pressure symptoms are increased, then this form of exercise should on no account be chosen. Excessive cycling will induce abortion, especially about the third month. The same advice applies very well to horse-riding, and even to any form of rough or violent exercise.

It is neither fair, reasonable, nor healthy for women to studiously avoid all kinds of exercise during pregnancy. Whatever helps to keep the whole body in a fit and healthy condition is certainly permissible, and some amount of exercise will do good in pregnancy just as it will at any other time. The present writer has always considered that the longer a woman is liable to keep up the routine of non-pregnancy during pregnancy the better. Those who can keep up their walks to the very last day are almost sure to get on well in their confinement—that is to say, if the legs themselves, among other things, do not give way under the strain. Women who "give up" before they have reached the fifth or sixth month will drag on a most unhappy and gloomy existence until the confinement, which will very likely be a most troublesome and anxious one.

It is no use, however, battling against misfortune. If a woman cannot walk on account of her legs, there is no use in her persevering; she may only make herself worse. She will soon find out what she can do and what she cannot. The rule should be that she should do all she can comfortably and without un-

toward symptoms showing themselves. And let her not think herself far advanced in pregnancy too soon, so to speak; if she be in good health, the first five or six months ought to be passed over with hardly any inconvenience, and she ought scarcely to know there is anything of the nature of a pregnancy peculiar to her. One is persuaded to accept this theory from a study of cases which have occurred of women going to the fifth or sixth month *without knowing they were pregnant.* Less civilized races, who are hardier and have naturally healthy habits, make as little fuss during the same period as do animals.

But the importance of judicious rest, on the other hand, must by no means be overlooked. It is as necessary as exercise in its way; sometimes more so. It is a nicely proportioned alternation that is wanted; a fair amount of rest is naturally indicated in the pregnant state, while the converse helps to keep a body in a strong and healthy condition. Both are therefore advocated according to circumstances, and in their turn; less of the one and more of the other being required according as signs and symptoms present themselves. A generally fit condition can only be maintained by a careful adjustment of habits and food —for both mind and body. The unfit will probably require the assistance of instruments at their confinement, because they have not the power or strength of endurance to "pain" long enough and strong enough, while the perfectly fit will go through the ordeal without very much trouble, and will recover rapidly and completely; so do circumstances alter cases.

AILMENTS AND ILLNESSES DURING PREGNANCY.

All sorts of diseases may attack the pregnant woman, but it is a remarkable fact that in this condi-

tion she is generally singularly healthy and little predisposed to disease. It is a heaven-sent blessing that pregnancy usually improves the health of a woman: provided she be fairly well in condition to begin with, it seems to make her even better still, increasing her weight and improving her appetite. This is doubtless a provision of the Great Maker designed to render her fit and favorable for producing offspring. So often leading very artificial and often very unhealthy lives, however, married women have their general health *impaired* by pregnancy in a large number of instances.

If a woman should contract a specific disease in this connection, it generally takes a serious form and is very likely to provoke a miscarriage. Short reference will be made to some of the diseases and affections that may possibly attack her, although such a subject might appear to entirely belong to medical men, as also might abnormalties or malformations. We shall all the time carry happily in our minds that a favorable event and termination is usual; yet some exceptional conditions, complications, and terminations will be referred to, in order that wives may have a fairly comprehensive idea of the subject. A few exceptions will help to prove and explain rules.

Very rarely a fœtus, instead of developing inside the womb, will have its being in or near one of the tubes running from the womb to the ovaries. Again, sometimes the womb is displaced when pregnancy occurs, and symptoms of unusual and severe pressure are soon complained of. A few authorities have attributed excessive vomiting to unusual bending of the womb forwards; and this same displacement certainly also produces a pendulous or prominent lower

abdomen, especially if the walls of the abdomen themselves are rather lax and flabby.

If the womb is bent backwards at the time pregnancy takes place, the result is likely to prove serious unless the condition be early attended to. In the majority of cases, if a woman have a displacement backwards it will get worse as pregnancy develops. The growing womb, thus out of position, will very soon exercise painful pressure on the surrounding parts. Very occasionally, however, the womb increases and, unaided, moves into a right position. If it flexes and presses still more, however, as time goes on, a miscarriage may result, and there may be trouble through a portion remaining behind for a bent womb does not expel everything contained in it so well as one in the proper position.

The pregnant woman would soon understand that it is necessary to obtain medical advice if this condition of things were indicated. She would experience bearing-down pains and other agonies, especially on the lower part of the back, as well as a difficulty of passing her motions. Trouble with water might also be complained of, and probably difficulty would be found in passing it, particularly about the middle of the third month.

Very much more distressing and dangerous symptoms will soon be produced if advice be not promptly obtained. This persistent bending backwards of the womb when pregnancy has taken place may also occur through an accident or fall, but then the symptoms would come on suddenly, and there would also be a certain amount of shock, or perhaps faintness and vomiting.

Before pregnancy has far advanced, it is, in most cases, comparatively easy for a doctor to put the

womb in its proper position, and he will also be able to keep it there afterwards by means of some instrument suitable to the case. If it is impossible to replace it, then a miscarriage may either be awaited for, or induced, by means of an instrument, according as symptoms should seem to warrant.

What is known as a prolapse or a coming-down of the womb may occur to the pregnant woman, and when it occurs it will usually be found in those who have had children before—practically never in the case of a first pregnancy, unless through accident or unusual strain. Former confinements sometimes result in a general looseness of parts and passages, especially if a woman have been a victim of indifferent health at the same time, and when there has not been enough muscular contractile force to keep the womb up. In some instances the womb has been driven down or prolapsed before pregnancy has occurred, and then it has enlarged in this position. Ruptures or tears of the perineum favor this condition of prolapse very considerably, for this part—between the openings of the two passages—affords the main support to the womb. When pregnancy has advanced to a certain stage, however, the womb will keep up by itself, as mentioned before.

A woman can often detect a fallen womb herself; it may come down so far as to protrude its neck through the passages to the outside, and it may then be felt like a soft and moistened egg. But when advanced in pregnancy, the womb must rise in position, and its neck with it, so that the prolapse will be self-cured, as it were. It is possible, however, to have an elongated neck of the womb protruding, which will closely simulate prolapse; the reader must bear this in mind, and

more rarely the neck may remain held down, elongating as the womb rises up in advancing pregnancy.

The doctor will attend to all such conditions as these, and the sooner he is sent for the better for the sufferer. A good deal of rest will be necessary, on the back, if prolapse occur during the earlier months, and the patient must wait patiently for the time when the womb holds itself up, while instruments for supporting it, inserted by the doctor, will at the same time do their work.

Morning sickness, already referred to under "Signs and Symptoms," may be very severe, and may require special treatment. It must be remembered that it may occur at other times of the day, and not be only a morning feature of pregnancy. Moreover, it may be so bad as to cause loss of appetite and exhaustion. Those pregnant for the first time are much more liable to excessive vomiting than others, for morning sickness is considered to be due to the effects of the enlarging womb upon the nerves, which are naturally more sensitive in a first pregnancy; and therefore twins, as well as some other rapidly enlarging conditions, will be specially liable to produce excessive attacks. Nervously inclined women have been observed to suffer more than others. Irritable conditions of the stomach, and chronic dyspepsias, will also be likely to aggravate the vomiting of pregnancy, whether this would otherwise be severe or not.

Excessive vomiting in pregnancy may possibly be fatal, but it is very rarely so under proper treatment. The closest attention to the general health and diet must be observed, and all the directions of the medical attendant strictly carried out. No two cases are exactly alike, and only those who professionally watch individual cases can lay down the lines of treatment

that are most suitable to each one. The recumbent posture is found to be most beneficial, as the reader will understand better after reading the chapter on posture as it affects the pregnant woman in various ways; she will understand that anything lessening abdominal and pelvic pressures will assuredly help to restore the general condition and health. In treating morning sickness, light and easily digested food, with the mildest drinks, will be found essential; but carefully prescribed medicines must also be taken in severe cases, thus we may save a life that might otherwise be lost through the incessant and uncontrollable rejection of food—a misery that no constitution on earth could endure for long.

The severest cases sometimes require the doctor to induce a miscarriage. When a woman's life is seen to be in danger the doctor will not hesitate to advise this procedure. The vomiting very soon stops after the womb is emptied.

Sometimes a large amount of saliva will run from the mouth of a pregnant woman, so much as to be unpleasant. But she must bear with this as much as possible, knowing that time will cure all things. Medicines are not advised for this condition, as they will be likely to create disturbances and states of the system that are even worse than the first. An occasional astringent lozenge may be sucked without any harm, however.

Colds, neuralgia, breathlessness, palpitation, and such like affections may be treated just as they are in ordinary people. They indicate chiefly an unhealthy state of the system, which should be improved as soon as possible by adopting general principles of home treatment or by following particular advice. A certain amount of shortness of breath during pregnancy

is only natural, and may be taken no notice of; it is the severe cases that require the special attention of a medical adviser, those that may depend upon disease of the heart or other organs.

A severe itching of the private parts is not uncommon, and may also be associated with some discharge. In the latter case, scrupulous care should be taken as regards cleanliness. The douche should be regularly employed and the parts washed. (See chapter on this subject.) Solutions of borax, boracic acid, or lead are valuable for the purposes of allaying itching and for purifying the surfaces. These may be made by placing as much boracic acid in water as it will dissolve; the lead lotion requiring two drachms of strong subacetate of lead solution added to a pint of water. Other valuable applications will be recommended for individual cases by the doctor, but being highly poisonous, they cannot be advised for general use in a book written for all wives. A weak lead solution such as the above is perhaps the best and safest for most cases in which a discharge exists also. Boracic acid solution is always safe and purifying, even if it is not so good for the itching.

There is an important state of ill-health that the reader should know something of, which may possibly affect the pregnant woman; it is always serious, and may often proceed to a fatal issue; it is a condition that is produced by disorder of the kidneys. Its most important indications are epileptic fits, while in association with these there is generally to be found some swelling of the face, hands, and other parts of the body. Some women seem specially disposed to this trouble, and will have recurrences at every pregnancy. Any previous disease of the kidneys will probably be made worse by pregnancy, but fits are more likely

to follow a sudden attack of puffiness or swelling than a chronic condition of the kidneys.

Some form of paralysis will very commonly show itself when the kidneys are thus affected, and impairment of vision as well as deafness may also be complained of. Whenever a thickness or stiffness of the fingers is noticed, or any still more definite sign of dropsy, then the advice of a doctor should at once be obtained, for these signs presage far more serious ones that are sure to follow if nothing be done soon. The doctor will give directions as to the measures best to be adopted in each individual case. He will carefully regulate diet, give medicines, and also take special operative measures according to signs, symptoms, and general constitutional disorder.

The fits themselves, though usually termed epileptic in most books, are not really so; they are more like those of epilepsy than any other, and the reader will have some idea of their kind by this name given to them. Sometimes they come on without the slightest warning, nothing regarding the general health having been observed beforehand; but oftener there are evidences of general ill-health showing themselves, such as severe headache and feelings of weakness or heaviness; while unusual conditions of the eyesight, with dizziness, may also be complained of. Occasionally, friends may remark a puffiness of the face or eyelids a few days previous to an attack, and the patient herself may notice a swelling of the ankles. These conditions are not altogether pleasant to read about, and I sympathize with the reader, but let the great majority be comforted in the fact that such abnormality is extremely rare; I feel bound to make reference to it for the sake of helping rare exceptions to a saving of life. It would not be fair to tell women that they are

all certain to have the best of times during pregnancy and confinement—that it is not possible for anything to occur to them at any time. I have known of more than one life saved through a recognition of early puffiness in the face of a pregnant woman.

The fits themselves may come on either before, during or after labor. The reader may have seen ordinary epileptic fits, and may therefore have some idea what those are like which sometimes complicate pregnancy. They need not be accurately described here; but if any woman, known to be in the later stages of pregnancy, should ever be found in an unconscious state, having before complained of feeling out of sorts, then the possibility of fits should always be borne in mind, so that advice may be obtained promptly, and every care may be taken of the patient at the same time, in case she should be seized with another. Anyone standing by may observe blood coming from the mouth of such a patient, indicating that the tongue has been bitten; therefore it would be well for the handle of a tooth-brush to be placed between the teeth if another convulsion show itself, before the doctor arrives. The patient should never be left while in this convulsed or unconscious state, nor indeed until it is certain the fits will not return.

Hysterical fits may occasionally be observed in the pregnant woman. These are nothing like so serious, however, as the epileptiform seizures associated with kidney derangement. And very rarely apoplectic seizures may also occur, caused by the breaking of a blood-vessel on the brain.

Fits of an epileptic resemblance always denote a very grave condition of affairs. The mortality among those who suffer from them is very high, both as regards mother and child. The fits may be so

numerous, and follow so closely on one another, that the patient may ultimately succumb to exhaustion. If the fits themselves stop, occasionally serious inflammation of the lungs will follow, through the interference with regular and proper breathing that violent spasms have produced.

A favorite and very successful treatment for the doctor to adopt in the case of epileptiform fits is the administration of chloroform. This soon stops the seizures; but it does more: it enables the doctor to effect delivery as quickly as possible, and this further procedure of itself is the very best thing to do in by far the majority of cases. The bowels should always be moved by the most rapid method practicable, if there is any opportunity at all for this at this moment. Then labor will be brought on by the doctor as rapidly as may be, and he will use every means to effect prompt delivery, so long as he can save the patient's life. If he can save that of the child also, all the better. Immediately after delivery the patient begins to improve as regards the actual fits. They soon get less frequent, and are not so strong as time goes on; at length they stop altogether. The patient may die through exhaustion or inflammation afterwards, however; but delivery certainly gives her the best chance of recovery.

Simple swelling of the legs, not due to disease of the kidneys or to varicose veins, may take place, as also piles. Rest in the recumbent position, at intervals during the day, is again the only method of treatment of real value for such conditions. Carefully applied bandages will help considerably in sufficiently distressing cases, whilst elastic stockings worn over silk or unirritating stockings may answer even better still. A broken vein in the leg, leading to con-

siderable hæmorrhage, will require the special treatment of a doctor. Those bothered with piles should have their bowels properly regulated, and should apply either zinc, lead, gall, or hazeline ointment to the swollen and tender parts by way of simple home remedy.

There are certain other affections and diseases which may afflict a woman more or less seriously while in the pregnant state, and some of these will be mentioned, though they do not belong exclusively to pregnancy.

Consumption is not often found among pregnant women; but this is probably on account of the fact that pregnancy is not so likely to occur in those having any consumptive tendency. Anyone, however, may ultimately contract consumption; sunburnt sailors sometimes develop the disease, through sleeping in unhealthy bunks and living in the impure atmosphere of cabins; strong soldiers will also suffer sometimes, if life in barracks happens to be unhealthy; therefore it will be understood that the strongest of pregnant women may possibly develop consumption.

Inflammation of the lungs may also attack a pregnant woman. It nearly always causes a miscarriage. Of course such an illness, in such a state, would be likely to prove serious.

During pregnancy the heart changes a good deal in size and strength, on account of alterations in the circulation of the blood which take place. Pregnancy will be likely to prove a dangerous thing if any heart disease have existed previously. Therefore women who know their hearts are diseased should not marry.

Tumors may be present in the body, to complicate pregnancy, either connected with the womb or near to it. If large, the outlook is somewhat serious, as

may well be imagined. The growth of the womb will go on side by side with that of the tumor, and there is no calculating what the result may be unless an operation be performed. As a rule, tumors which are so small that they are not likely to interfere with the delivery are left alone.

Ordinary surgical operations on any part of the body may be necessary during pregnancy, and they will often cause miscarriage. Those, therefore, that are not urgent had better be deferred until some time after delivery.

Various fevers may attack a pregnant woman, though, as before pointed out, she is less likely to take them than other people; and they frequently cause miscarriage or premature labor when they do occur. The reader must, at this stage of consideration, bear in mind the difference between the pregnant state and what is known among doctors as the puerperal state; the latter term indicates the period after delivery, when a woman is recovering from the effects of pregnancy. Her health at this time is quite different, so far as her constitution is concerned, and she is then more liable to contract certain diseases. Fevers which attack the puerperal woman are likely to run a most dangerous course.

It is pleasant to be able to record that many nervous affections distinctly improve during pregnancy; they are almost sure to do so if the general health improves at the same time—and it has already been pointed out that it very often does. Women who have been nervous and hysterical when single have been known to leave such ailments behind when they married and became pregnant; they have fattened and grown more passive in their demeanor, showing signs of being contented, and sometimes even listless

towards everything around them, while previously they had appeared to be "all nerves."

Mothers have sometimes either seen in their own children, or have heard of them existing in others, certain moles or red marks on the skin, which usually manifest no particular shape or resemblance to anything at all; but often they have the appearance of something which the child's mother has recollected to have given her a nervous shock when she was pregnant, when she was carrying in the womb the child on which the mark has appeared. Certain accounts of incidents and sights seen by such mothers and their friends seem sometimes to be quite accurate, as related in explanation of the moles or marks, while as often as not they may be merely imagined. Several very remarkable and rather convincing cases have been observed by the present writer, one of which may be mentioned.

While her husband was away from home, a young wife was once attacked by a murderous ruffian who had broken into her house for the purpose of robbing it. She endeavored to get away, and she shrieked for assistance, but was not successful in obtaining any before he had dealt her a severe blow on the head with a jimmy. Her forehead sustained a cut some three or four inchs in length, which when seen by the present writer, was gaping and bleeding severely. She happened to be about three and a half months advanced in pregnancy on the occasion; and when in the fullness of time her child was born, it had, in an exactly similar position, a purplish mark of a nævus nature, being of a similar size, in proportion, to the wound of the mother.

Marks resembling frogs, apples, birds, animals, bunches of grapes, tomatoes, and all kinds of things

are said to have appeared on infants as a result of some terrifying or startling sight seen by the mother while pregnant. Sometimes these appearances have been like the object they were supposed to represent, and sometimes they have not in the least resembled them. It is not at all clear, judging from a large number of cases seen, how much any event occurring during pregnancy may produce a corresponding sign in the child; further investigation will have to be made before a final and correct conclusion can be arrived at. It is certain, however, that pregnant women should not witness horrifying, startling, or dreadful sights, for more reasons than one.

There is a condition that pregnant women may be troubled with, which can scarcely be called an ailment or illness, but which had better be mentioned under this heading, and that is constipation. It is not an uncommon trouble during pregnancy, and it is doubtless caused in many instances by the pressure of the enlarging womb. It may be treated by various opening medicines, or by enemas or suppositories. But diet should be given the first chance. Drugs should only be taken when diet and moderate exercise fail; while enemas or suppositories should only be resorted to when diet and drugs have both failed. The reader's attention is drawn to this condition the more particularly because it is one that will be likely to affect her in confinement if she suffer habitually. If the bowel is loaded at the time labor commences there may be considerable delay on this account. The child must pass down through the pelvic outlet, and it will require every bit of space in the pelvis that it can get, in order to get over the journey smoothly and well. If a good deal of room is taken up by a mass in the back passage, then an obstacle of some degree is met

by the descending head. Therefore, pregnant women, reaching the last week or so, had better pay special attention to their bowels and see that a daily evacuation is promoted. It is better to have them relaxed for a few days prior to the expected date of delivery than to have any constipation whatsoever.

A pregnant woman should always feel entitled to include among her methods of treating any ailment during pregnancy the relief of the recumbent posture; most pressure distresses will be alleviated by reclining for an hour or more.

But of all preventives and remedies nothing will give more powerful results *all round* than careful attention to diet. Breathlessness, heartburn, waterbrash, a feeling of uncomfortable fullness, constipation, sleeplessness, irritability of temper, headache, piles, skin irritabilities or outbreaks and even varicose veins to some extent—all these things may be avoided or cured by careful attention to diet—not eating overmuch, not partaking of too large quantities of either stimulating food or drink, taking a finely-proportioned mixed diet of butcher's meat in small quantities, as well as vegetables, fruits, and farinaceous foods. If fruits or vegetables are difficult to obtain, then dried fruits, raisins, currants, etc., should be freely added to puddings. All highly seasoned foods, soups, or meat extracts should be avoided; plain things are better.

Whenever aperients are necessary through the diet not being quite suitable to ensure regularity of the bowels, these should also be of a mild and simple nature. Rhubarb pills, flowers of sulphur, sulphate of soda, or any ordinary saline preparations may be mentioned by way of example.

Should a pregnant woman suffer from laxity of tissue generally, and pendulous body particularly, a well-

fitting abdominal belt should be procured. It should never be drawn tight, in order to reduce what may be considered an unsightly contour, but kept at a comfortably supporting tension, being let out gradually as size increases. Such a belt will also serve to render bladder trouble less likely to add to the general pressure effects.

Diarrhœa will usually depend upon errors in diet, and will consequently be cured by such being corrected; it should be remembered, however, that it is sometimes a sign of constipated bowels higher up.

The breasts should always be allowed a comfortable freedom as they are disposed to enlarge, while the nipples should never be unduly pressed upon by a too tight corset. They will be required by the baby very soon, and should be allowed to project suitably. Should they refuse to do so, a little encouragement shortly before confinement might be given them by means of a glass appliance to be bought at a druggist's for the purpose; or a clean glass bottle heated before the fire and its mouth put over the nipple will draw it out as it cools. The nipples had better be kept clean and healthy by being occasionally dabbed with boracic lotion, or with brandy and water in equal parts.

The reader—especially if pregnant—must not be frightened by anything referred to in this chapter; provided she pay due attention to her health, studying the principles laid down in this book as a guide, her confinement will pass off quite favorably. The more serious the complication—such as epileptiform fits, for instance—the less likely is it to occur—fortunately. The simplest ailments are the commonest. The present writer does not believe in leaving out of account all serious conditions, for a woman has a

right to know much of herself in these days of many facilities for reading and keen desire to learn. If this simple volume can induce women to make up their minds to produce the best offspring they can—and they have just as much right to do so as the cattle beloved of the prize stock-breeder—and more—to help to regenerate, rather than degenerate, the race, then he will not have introduced just a little disquieting reading for nothing.

To be able to produce creditable offspring should be a right-minded woman's chiefest ambition. She herself allows as much; I am not giving you a mere man's selfish views. Find me a barren woman and you shall hear her sorrowful plaint: "There are four things that never have enough: the grave, the *barren womb*, the horse-leech, and the fire that saith not, It is enough!" I have heard women wish for nothing in this world—excepting to bring forth a child. It is natural to the normal-souled. There is a yearning among them which indicates the immense joy and satisfaction it must be to gain their great end. Try and take away the true woman's baby at her breast, and you might as well begin by cutting her in two. Now, will you produce offspring of questionable shape, with danger and difficulty, or will you be happy and smiling from beginning to end, your little one drawing upon your healthy resources, another to love, tend and live for?

"For of such is the kingdom of heaven."

CHAPTER X

POSTURE AND PREGNANCY

Reference has been made in an earlier chapter to the birth of offspring as it takes place among animals; now the fact that animals are four-legged beings,while women are only two-legged,will account for many differences of condition between the two when the pregnant state and the event of parturition or giving birth are considered. The abdomen of a woman is perched on top of two legs, and is suspended rather towards the front chiefly by means of an erect backbone; and when she is heavy-laden, as in pregnancy, there is all the more pressure on the lower abdomen and on the pelvic bones which rest on the legs.

A four-footed animal has its body slung, as it were, upon four posts, the legs. No better arrangement could possibly be devised than this. Large or small, gravid or not, painful or not, the abdomen swings comfortably between the four legs where it is the best protected and where it can receive the least pressure or injury of any kind. There is no forcing down or weight upon the hind legs or pelvic bones. Any weight there may be is drawn forwards and downwards, *hanging away from any hard bone.* And if anything should happen to be growing in this abdomen, such as a fœtus or tumor, it will not press against injurious projections to cause pain and distress, it will hang unaffected by anything that might hurt it. Therefore animals do not suffer from frequency of passing water during the earlier months of pregnancy, neither are they troubled so much with constipation.

Varicose veins are practically unknown, for there is no pressure to cause them. Such comparisons as these cannot fail to be interesting to the reader; it is true that in some sense they may be odious, but they are of immense importance scientifically, and may help a woman to understand her anatomy, and may-hap her sufferings.

Human beings are the most erect of all mammalian creatures. Chimpanzees, gorillas, and some other monkeys probably come next, while such animals as the kangaroo come midway between man and typically horizontal four-footed animals like the ox or dog. And human beings have to pay for this uprightness. Their men even suffer from deformities of the spine, and from pressure symptoms to some extent, the latter rendering them more liable to constipation and rupture of the abdominal walls. Their women suffer from the same affections, but even more so, *because their pelvis is wider* than that of man. The hip-bones, before referred to when dealing with the anatomy of woman, are wider apart than those of men, because the abdomen is required to contain more under certain circumstances. When a woman becomes pregnant, and reaches the later months, she wants a wider-boned pelvis to support the weight, and she also wants a wider pelvic basin and outlet for the child to pass through at birth, the man not requiring any such anatomical necessities.

Man, having a pelvis smaller than woman's does not suffer so much from the effects of the forcing down of internal organs upon the floor of the pelvis and upon the passages. And the formation of the organs of generation render a woman more likely to suffer from pressures and weights, for a woman may be said to have two passages, while a man has practically

and comparatively only one. Therefore there is less firm support for the weight above in the erect posture in women for two reasons. When one bears in mind that not only do women frequently suffer much from their pregnant conditions, owing simply to the superincumbent weight, but have also many affections which are concerned with womb and generative organs because of the function of parturition or giving birth, which man experiences nothing of and is not formed for, one begins to realize some of the fundamental inequalities and disparities that exist between the sexes. And women have also troubles of menstruation, disorders *following* childbirth, as well as womb tumors and cancers to suffer from.

Hernias, or ruptures, as they are commonly called, never occur in animals as they do in human beings, because the body pressures are so equable and comparatively light at all points in the former. Their abdomen cannot rupture for any ordinary reason; it might through injury it is true. But in the erect posture of human beings, the weight of the contents of the body is thrown down upon the lower abdomen and into the pelvis, causing great strain upon the lower abdominal walls, and therefore ruptures are liable to occur near the groin or private parts. There could be no more interesting examples of the effects of the erect posture in human beings than ruptures afford.

As regards exercise during pregnancy, animals need not bother about such matters in the least, even if they possessed a brain to do so; they can just go on in every way as though they were not pregnant. There are no pressures of any kind worth speaking of, no swellings of legs even. They have no knowledge of their pregnant condition from beginning to end. The signs and symptoms of pregnancy in women are

most of them due to the pressures of the erect posture; they are therefore most of them absent in animals.

If animals are watched, and their habits closely observed, it will be seen that the bodies of those pregnant are most carefully and gently used by Nature. They are beautifully and safely swung in the best position for any enlargement of internal contents that may occur, and whether during walking, running, jumping, or lying down, the abdomen is always very well guarded and carefully carried. On getting up on its legs or on lying down, there is very little disturbing or jolting of the body; all movements involve a comfortable swinging-up or a placing gently down. Even the legs are flexed two at a time; there is never any sudden plunging down that might injure.

How all these conditions better prepare animals for bringing forth offspring will now be well imagined. Quadrupeds have few or no troubles while carrying a fœtus, and they are comfortable when the time of their delivery arrives. Through plenty of exercise which they can naturally obtain, having no bad legs or pressure pains, they have a fine muscular development while their powers of expressing their young into the world, when the time comes, are naturally quite equal to the occasion. They do not require instruments as women sometimes do, who are so often defective in womb strength and muscular power—unless, perchance, they should happen to be domesticated animals—sometimes these are abnormal—they do not manifest the same halting or tediousness during labor. Nor have former disorders made them nervous or interfered with their general health. They go though their labor almost as though nothing of importance were happening.

On account of the erect posture, a human being does not recover from any disease or affection of the abdo-

men so well as an animal. The abdomen of the latter is most beautifully situated and suspended in case any pain or inflammation should arise, while in human beings the pressure from above will only tend to aggravate symptoms. Piles in human beings are pushed down and strangulated, while if they could ever occur in animals, the forward and downward hanging of the abdomen would make for anything but the congestion of parts. If any tumor growth should make its appearance in the body of an animal it is hung forwards and downwards with the rest of the abdominal contents, while in human beings it would press down and jam into the pelvic cavity and into the passages. Suppose an animal to have the walls of its abdomen weakened for some reason or another, it will not suffer from rupture in consequence, in those situations where rupture is so common among human beings, because the weight of the abdominal contents is not directed towards the groins or organs of generation, but actually away from them, pulling downwards and forwards in altogether another and safe direction.

Women themselves recover from abdominal complaints peculiar to them more slowly than do animals, because of the pressures of the erect posture on the pervis and private parts. Bendings or twistings of the womb are more likely to be created or made much worse when there is a weight above them, but in the case of animals the suspension forwards and downwards of the abdomen, far from causing any displacement, will first tend to prevent any occurring at all; but if such a condition were present, for such a reason as accident for instance, then the force of horizontal posture would be doing its very best to put matters right, encouraging the parts back to their normal condition again if possible.

If the passages of a woman should be at all lax or injured in any way, the force of the abdominal contents above will make matters worse and prevent rapid healing or restoration, while similar conditions in animals can hardly be met with, so uninfluenced are all functions by any abdominal pressures. A torn perineum—that portion of the anatomy between the back and front passages—will have a poor chance of healing in the erect posture of woman, unless operated upon by the doctor, but it will usually heal *of itself* if it occur in animals. A woman's womb is very likely to "drop" or come too low down in the abdomen on certain occasions, having the weight of the abdominal contents bearing down upon it; this condition could only occur in the erect posture; animals could never suffer in the same way, because their womb is hanging and pulling forwards and downwards, away from the vaginal canal, not into it.

An animal can get up and walk or run about directly after delivery. Women have often wondered why this should be. The explanation is that the womb of an animal, after giving up its contents, remains comfortably swung downwards and forwards in the body cavity, there resting and contracting down to its proper size and recovering from the severe strain and any damage it may have sustained while the fœtus has been developing in it and during its passage into the world. The outside parts and passages of an animal also rapidly contract and heal, having nothing in the way of undue pressure to interfere with them.

The reader will now better understand why a woman must remain in the horizontal posture for some time after delivery, some ten days or even more; she must assume this position so that contraction of the womb

and passages may take place as quickly and thoroughly as possible. If she get up too soon, then the erect posture will bring the weight of the abdominal contents down on the top of the still suffering womb, and a forcing down upon the passages will take place, which will be sure to inflict permanent injury, at a time when all the parts concerned are so flabby and loose on account of the recent passage of the child through them.

One of the chief causes of a "falling of the womb," so well known and frequently heard of by all women, is the erect posture assumed too soon after confinement. It is so easy to push a womb down after confinement, when the arrangement of parts is such that the body is incapable of returning it or holding it up. This subject is most important, and the writer begs for a thoughtful consideration of it; a "falling of the womb" is one of the commonest, one of the most distressing, one of the most difficult to completely cure—and therefore one of the most important complaints—of any that mothers suffer from. It will again be referred to in a later chapter.

The reader will now not only understand why it is that women have to remain in bed for a time after confinement, and why animals have not—because of the differences of position of the womb in the body, and the differences of posture naturally assumed— but *it will be further suggested to her that most abdominal complaints of women, whether having relation to bearing children or not, will require the recumbent posture in their treatment, to some extent, whatever else may require to be done in addition.*

"Consider the young, how they are born;
God maketh all to serve His purpose."

—FLETCHER.

CHAPTER XI

DRESS DURING PREGNANCY.

Considering that during the space of some nine months the contour of a pregnant woman will necessarily change very considerably, the question of dress must sooner or later engage her attention. Not only will her increasing size necessitate the making of such alterations as conform to it, but the style had better be studied a little if her condition is to excite as little attention or curiosity as possible. And it is no use believing that people do not see these things. The very fact that pregnancy is commonly described as an "interesting condition" shows that it is one which other people notice, and often notice very particularly. Hence any "mode" which diminishes the unusual or which even prevents the condition of pregnancy being seen at all, is one worth cultivating.

The enlargement during the later months of pregnancy is generally somewhat prominent on account of woman's erect posture. Pregnancy is nothing like so clearly defined in animals, which do not have any artificial covering at all. It is commonly observed among women that some show pregnancy very much more than others. It is also very strange to see, sometimes, a woman who is ultimately delivered of twins not looking so large as one who gives birth to a single small child. Very stout women often betray little signs of pregnancy, for the addition does not add very appreci-

ably to the size that is already there; while short and thin women will usually appear to be very much out of shape and awkward in gait. One may further remark how often women who are not pregnant possess what is commonly called a "high stomach;" and some very great mistakes have sometimes been made in consequence. Occasionally such women are supposed by others to have been married and pregnant when they have been neither; and very often young women employed as servants or shop assistants have been supposed to be pregnant by their employers, on account of a naturally "high stomach"—very unpleasant suspicions, questionings and accusations resulting in not a few instances.

On the contrary, female employees have been known to give birth to children, concealing the circumstances, while not a soul had ever noticed such change of contour as pregnancy generally produces. In these cases, however, not only have the young women shown few signs naturally, but they have probably bound down the enlarging size as much as possible. One can well understand that a woman who happened to have large hips and a fairly prominent abdomen, when in the ordinary state, would be likely to show her pregnant condition very slightly, because of the comparative smallness of the contrast.

Flatulence sometimes enlarges the abdomen enormously, so as to stimulate pregnancy. Women with very bad teeth, and who suffer from dyspepsia, often swell out in this way.

There is very great difference of opinion expressed among women as to how much they should show themselves in public during the later months of pregnancy. Some will argue that it should not matter to anyone how they appeared before others; that there

is nothing to be ashamed of in the appearance of a pregnant condition; and they will make a point of just going on as though nothing had happened, appearing everywhere at any time just as usual. Others will be firmly of the opinion that a pregnant woman should never be seen, as such, by any outsider whatsoever, and they will keep themselves as close indoors as possible, only venturing out-of-doors when darkness sets in, and adopting all sorts of fantastic garbs in order to conceal their condition—garbs, however, which often only succeed in attracting more attention than ever.

The best plan to adopt is the happy mean. A pregnant woman should not thrust herself forward more than she can help. At all risks, however, she should study her health first. After finding out a routine that best suits her health, she should then keep her betraying contour out of view as much as she can without putting herself to too great inconvenience. She certainly should not be ashamed of herself; at least she has no need to be if she exercise prudence as to how and when she shall make her appearance in public. Health first, and other people afterwards; but neither indifference nor recklessness should be shown. She should not present her form to the gaze of everyone as though she were proud of it.

There is one plan of attempting to conceal pregnancy which is worth referring to at this stage, because it is so common, and so ineffectual. Indeed, it almost seems as though the method itself were a sign of the condition. If the reader ever meet a woman carrying a small parcel, basket, or handbag in front of her, so that it rests just where her "stomach" projects, then it is almost certain that that woman is either in the "family way," or that she is suffering from some

tumor. This method is never successful, and by its very strangeness often draws people's particular attention to the very part a woman wishes to conceal. The ostrich thinks it is hidden when it thrusts its head in the sand, and, similarly, some women imagine they can hide their bodies behind a little satchel or a bag of biscuits.

Doctors become very accurate in their observation of almost everything which concerns people's health, and they can generally distinguish pregnancy in a woman by either noting her general form in the distance, or by observing the peculiar way in which she carries herself. Fortunately no one else, not trained and so accurately observant, could do the same, or the poor self-conscious woman might have some reason for remaining indoors even during the earlier months. A doctor can distinguish pregnancy from the back of a woman as she stands or walks, on account of the alteration of the curvatures of the spine produced by extra weight being temporarily situated in front of the body, and also because of an alteration of gait which such a weight causes; not always during the very early months can he do so, but generally as early as the fifth. But he can hardly distinguish pregnancy from a large tumor or from deformity of the spine, by such simple means.

Whether a mere appearance in public, or a kind of dress, is decent or not will even very largely depend upon the class of society a woman moves in, as well as upon any particular ideas she may hold. The poorer classes are naturally far more indifferent to outside gaze than the richer. They are not so well able to change the form of dress according to their enlargement; and their ideas of propriety are in many

respects much less sensitive than those usually held in higher classes.

Dress alterations will suggest themselves to the pregnant woman about the fourth or fifth month. The waist-band may then be taken off and another one put on. Corsets should be worn right to the end by those who have always been accustomed to them; indeed, for those who have not, they will be found to give very great support, especially as the breasts also tend to enlarge and alter in consistency, rendering the figure not only unclassic but sometimes painfully insupportable. But whatever form of corset is adopted, it should be let out freely and as often as it should seem necessary.

As regards outer dress, tea-gowns are the best for indoor wear in the afternoon, while in the morning a blouse-bodice, with a waist-belt and hanging ribbons in the front, is useful and even becoming. Dressing-gowns are not recommended, they do not look well; they too often denote slovenliness and careless habits, and once they are begun there is a tendency to wear them on all occasions because they cause such little trouble. The pregnant woman should not resign herself to her condition as though she were not fit to be seen; she should make the best of herself, and very well she may succeed if she wishes. The months are long, and a little attention to dress and general appearance will go far towards keeping the wearer in a cheerful and contented frame of mind, especially when she can also entertain a few friends and look nice in spite of herself.

Out-of-doors one of the best things to wear is a cape about twenty inches long, reaching a few inches below the waist. A blouse-bodice, with some pretty arrangement hanging down the front, will also in this instance

be found effectual and not unbecoming. An open jacket with a full silk blouse-front may be worn for a change, and will not look at all amiss.

Only a few general indications are given about dress in this chapter, it being well understood that different classes will always fancy different fashions—or indifferent fashions—even as the case may be. The rich may pamper their fancy with innumerable creations of Worth if they like, while the poor may still be content with a market bag. There will be all fancies and fashions, changes and exchanges, among all sorts and conditions of women, according as they have thoughts, tastes and, purses.

"She's adorned
Amply that in her husband's eye looks lovely,
The truest mirror that an honest wife
Can see her beauty in."

—TOBIN.

CHAPTER XII

MISCARRIAGE

Most married women have an understanding as to what is meant by the word miscarriage: they take the word to mean the birth of a fœtus before the proper time, or before it has grown sufficiently large to live; but all are not clear as to the difference between abortion and miscarriage, or between both these conditions and premature labor. Some medical men apply the name abortion to the passing away from the womb of a fœtus before it has reached the fourth month of its development, and the name miscarriage to the birth of the fœtus between the end of the third month and the earliest period at which it can come into the world alive; while a premature labor is understood by the same authorities as one occurring between this last-named period and full time. Many women refer to either abortion or miscarriage as premature birth, however. Now, for all practical and lay purposes abortion and miscarriage may be taken to mean the same thing, and as the latter word is certainly the commonest used among women it will be adopted in the following pages.

The passing away of an ovum or fœtus before it has fully developed is extremely common among women who become pregnant. One authority considers that ninety per cent of married women miscarry once at

least in their lifetime. There is said to be one miscarriage to every five full-term deliveries. Miscarriages are much more common in those who have already had one or more children than in those who are pregnant for the first time. They are also commoner among the upper classes than among the lower, probably because of the luxurious and excitable kind of life the former lead. The lower classes miscarry more on account of accident or ill-health.

There are certain warning signs and symptoms that the reader should learn, indicating impending miscarriage; she may feel ill and depressed in spirits, having also unpleasant sensations about the body and loins. A lessening in size of abdomen, together with a feeling of a cold mass in the body, indicates the probable death of the fœtus. A nasty taste in the mouth may also be experienced. At what period of their pregnancy are women most likely to miscarry? During the first three months. At this stage the ovum is only loosely attached to the interior of the womb and will come away comparatively easy; it lies in a softish material which very readily breaks down and causes hæmorrhage. And during these three months the ovum is most likely to break away at a time corresponding to the date of former menstrual periods, because there is what may be described as a rush of blood to the parts then. The third month is the most likely time of all for miscarriage to occur, for then an alteration of blood circulation is going on, while the afterbirth is also beginning to form.

Anything, therefore, that causes an extra flow of blood to the parts is likely to cause miscarriage. Even sexual intercourse may do this, if excessive at about the time menstruation would have occurred if no

pregnancy had existed. Therefore wives who wish to bear children should not permit sexual intercourse at the time menstruation would have been due—and the less the better at any time during the first three months.

The product of a few weeks of pregnancy may disappear without a wife knowing anything about the real nature of it. Many wives miscarry at a very early stage and never perceive it as such. They may notice a little delay or irregularity of menstruation, or perhaps an extra-profuse period, and think no more of it. It is therefore quite impossible to determine how many miscarriages or abortions actually occur among women; those that are definitely recognized, however, seem to take place between the sixth and the fifteenth week more frequently than at any other time. It is only after the third month that a fœtus comes away in the same manner that a child does at full term, the afterbirth following. Before this time the ovum will be mixed up with other material, and it may be washed away in a discharge of blood so that the wife cannot distinguish anything that she can herself understand the meaning of. The doctor can always distinguish elements of pregnancy, and by carefully searching and cutting open portions with a knife he can find the ovum.

According as pregnancy is advanced, miscarriages become more like an ordinary labor. Those occuring about the middle months of pregnancy are for some reasons more dangerous than if they happened at other times; for there is often greater difficulty in expelling the afterbirth. But women should thoroughly understand that all miscarriages are liable to produce severe and even dangerous after-effects. It is quite a mistake to suppose that they are harmless, and

that they may be disregarded. Very often they produce even much worse results than even full-term confinements. Any retention of the afterbirth, or a portion of it, is especially dangerous, for it may lead to blood-poisoning and death. The present writer will therefore advise that miscarriages require the skilled attention of the doctor even more than full-term confinements. Women have been known who have never had any trouble resulting from a good many confinements, but who have been wrecked altogether by a three or four-month miscarriage, never really getting over it, and being rendered delicate for the rest of their lives. It is those miscarriages which occur in the first few weeks, and which have scarcely been noticed, that cause some women to grow equally careless regarding all forms.

If a woman have had a miscarriage once or twice and got over it without any bother, not even sending for the doctor, she will perhaps publish the fact to all her friends, leading them to believe that they may do the same in all cases with impunity. There are instances in which a friend will visit a woman who has gone to bed with profuse bleeding. The friend will say: "Oh, I know what's the matter; it's only a 'mis.' You will soon be right again; you need not make a fuss about that; I have had them, and been on my legs again the next day; you want no doctor." But this miscarriage may be quite different from any the friend ever had, and may have occurred at quite another stage of pregnancy, necessitating assistance in order to get the afterbirth away.

The causes of miscarriage are many and diverse, and some of them will be explained under three headings. Firstly, there are those miscarriages occurring spontaneously, or by themselves, as it were, Secondly, there

are accidental instances. And, Thirdly, there are miscarriages or abortions that are artificially produced.

Spontaneous causes may emanate from either the husband, the wife, or the fœtus. Old men sometimes do not beget living children; their wives will be liable to miscarriages. Very young men or youths create similar results often. Dissipated habits are occasionally found to render an individual incapable of producing offspring.

The power of sexual union may be possessed perfectly well, and it may even result in impregnation of an ovum, but the further development of that ovum seems to depend largely upon the constitution or the age of the parent. Former venereal diseases—those painful diseases of the private parts that are occasionally contracted during illicit intercourse—commonly cause miscarriages, and they may do so many years after they have first made themselves manifest. The disease syphilis may be especially mentioned in this connection. If either husband or wife have had syphilis before marriage—or even if they have contracted the disease during marriage—and this occurs in more instances that the reader might imagine—then miscarriage will very likely be the rule afterwards.

The wife herself may be liable to miscarriage on account of habits, being over-indulgent in everything, leading a luxurious and indolent kind of life. Mental shocks and nervous diseases also act as causes. Bad news regarding a member of the family, or the realization of some serious loss, will act as a cause, as will also some very disturbing sight or startling sound. Certain women are far more nervous than others, and very susceptible to such influences. The pain of severe accidents or operations will occasionally lead to a miscarriage, even though it should affect

other parts of the body besides the region of the womb; such a simple thing even as having a tooth drawn has been known to be sufficient.

Some diseases affecting the circulation of the blood will act as causes, diseases attacking the heart, liver or chest, for instance. Anæmia may also be mentioned as a cause; though it is a fact that women suffering from this complaint are not so likely to become pregnant. Severe vomiting has been known to cause miscarriage.

Poisons in the mother's blood are common and important causes. They may be of kinds that are taken by the mouth, such as copper, lead, or gases, or they may be produced by diseases such as fevers, jaundice, or Bright's disease. It is a well-known fact that female workers in the potteries, who are obliged to handle liquids containing lead, very often have miscarriages; and even though they themselves may not touch lead they can be affected, or rather their fœtus can, through their husband being poisoned. There are certain trades which are dangerous for the pregnant woman and also to the life of her unborn infant. Working in tobacco factories appears to be dangerous, for miscarriages seem to be common among women so employed. Match factories have also their evil influences. Alcohol can hardly be described as a poison, though its effects are poisonous when taken in large doses, but there can be no doubt that it causes miscarriages in not a few instances.

Fevers are a common cause, partly on account of the high temperature they produce, but also because of the poisonous effects they have on the nerves. The pregnant woman should keep away from all infectious maladies. It is believed that a pregnant woman suffering from either small-pox, scarlet fever, measles, or

erysipelas, transmits the same disease to her fœtus in the womb. And even some authorities state that a woman who has once had one of these diseases and is at length proof against it, may still convey them to the fœtus within her, the child showing the effects of the disease upon it when born. *The pregnant woman should therefore never nurse cases of fever.*

It is well known that certain drugs will cause abortion, but they must act as poisons before they do so, and therefore they are extremely dangerous to take. The term abortion is, in this instance, used instead of miscarriage, for though both words practically mean the same thing in the present purpose, the laity generally use the word abortion when a miscarriage has been produced either by the administration of drugs or by means of some instrument used. The expression "procuring abortion," is one fairly familiar to the reader of criminal records in our daily papers; it denotes an offense that is severely punishable by law. It is against the law to administer to oneself or to another, or to cause or permit to administer, certain drugs for the purpose of procuring abortion, unless it can be shown that development towards full term would have been dangerous to life, adequate testimony being only capable of being made by doctors.

Not one doctor, but two or more, should settle the question whether a woman ought to be allowed to proceed any further in her pregnancy. If a doctor have a case where it should seem that any further advancement in pregnancy would be dangerous, he will usually ask another to give an opinion, and if the two together decide that an operation should be performed or that steps should be taken to procure abortion, then the operation is accordingly advised to the patient and her husband. One doctor alone might

possibly be accused at some time or other of procuring an abortion for an insufficient reason, or with criminal intent even, therefore another had better be present to confirm all the particulars of the case and to witness the operation. Sometimes patients will try to persuade their family doctor, who may be also a friend of the family, that an abortion is desirable, but this doctor will at once protect himself by calling in another to consult with him and to see if the operation is really necessary.

Women have often wondered how it is that deaths so often occur after an operation has been performed for the purpose of procuring abortion, especially as they have been constantly informed on good authority that the operation is one that is extremely simple and easy to perform. They may as well now understand, therefore, that when deaths occur they are consequent upon carelessness or clumsiness on the part of insufficiently learned and unskilled operators. Ordinary surgeons and physicians, and the best general practitioners, can perform the operation with ease and safety when it is legally and properly indicated. But quacks and unqualified abortionists have no knowledge of the anatomy or arrangement of parts, and they are likely to use clumsy instruments in an unskillful manner, without even taking due precautions to insure necessary cleanliness.

The deaths that occur after an operation has been performed will very often be found to be due to incompetent performance, by men who have more or less failed as ordinary medical practitioners, and who have stooped to the practice of procuring illegal abortion for high fees. Outcasts of the medical profession—those who have had their qualification taken away from them for irregular conduct or practice—such

are the men who act clumsily and make mistakes; some have taken to drink or opium, to the extent that their capabilities have become altogether diminished.

No medical men who have any respect for themselves, who are reliable practitioners, and who have good and well-conducted practices in their hands, will ever listen to the proposal that a criminal abortion should be procured, whether by means of drugs or instruments. Women should therefore learn, once for all, that the information gleaned from their talkative friends to the effect that "Doctor So-and-So will probably do the operation: I have heard he often does it," is generally utterly false. Some women have gone so far as to remark that there are "lots of doctors who do it." But the reader may place implicit belief in my assurance that only quacks and the lowest outcasts and dregs of the profession will be found to perform this illegal operation, and there are very, very few such practitioners, fortunately. One may be found occasionally, but he is soon discovered and imprisoned. Newspapers occasionally report cases of illegally procured abortion; but in proportion to the amount of pregnancies that occur in the land, the instances of such operations taking place successfully, not being found out, are extremely rare.

Women occasionally get into their heads that certain doctors—good and estimable ones in every way—will correct irregularities due to pregnancy, by drugs, and will even procure abortion by means of instruments if paid well and the secret is kept, simply because the information has been spread about that they have brought on the monthly periods in certain patients who have gone to them in stoppages that have been due simply to ill-health. A doctor does not always tell his patient what he thinks her stoppage is due to.

If he sees signs of anæmia or chest trouble he will give medicine, and thus restore the regularity of the monthlies. From such patients—who may also have been married—false impressions have been obtained by friends both of the doctor's intentions and his methods of practice. It is therefore not always invariably creditable for a doctor to bring on the monthly periods in those who suffer from general illness; he may win a dangerous notoriety for doing the same for illegal purposes in the case of those who are pregnant and wish to be otherwise.

Married women have been known to tell all sorts of stories to their doctor, in order that he may treat them with a view to an abortion taking place. Sometimes husbands will also visit the doctor complaining of the size of their families and of the inconvenience that any more children would create, and they will even offer blank checks or large sums of money to get the deed done. Such people have either been seriously misinformed, or their supposition has run riot and made them bold in their ignorance. Ordinary medical men will hear nothing of reasons which are not legitimate; they care not for money when they know their reputation might be shattered, and that a term of penal servitude awaits the criminal abortion-monger. Therefore the following advice is given to all wives—wives of every class—that pregnancy should be accepted for all that may possibly turn out, *unless there is any possibility of a life being lost through its furtherance.* They should abandon any idea of criminal abortion being open to them, for all the reasons named, if not for the simple and single one that the procedure is criminal.

Sometimes the severest punishment has been unexpectedly meted out to wives who have tried the effects

of strong drugs. The present writer was once called to the case of a woman who had taken some powerful decoction. She lay unconscious for many hours, between life and death, suffering agonies; and then the abortion did not take place! When the full time came there were twins, and both were cripples. They lived to cause the mother the greatest trouble and mental anguish—for she felt certain that the drug taken had done it all.

Another very important warning must be given. Let all married women turn away from those advertisements which offer pills and other forms of medicine for sale, that are said to correct irregularities, "from whatever cause arising." They are the most infamous and fraudulent rascals on the face of the earth who traffic in these things, not only because they sell commodities which are not of the slightest use, but because they are offering them for an illegal purpose. Married women are induced to buy pills and medicines of this class, thinking that they may be relieved of an undesirable condition, and they pay highly for them, first for the ordinary, then for the "strong," and at last for the "very strong," while the result is nothing, or it may be poisonous symptoms and loss of money. Now and again an abortion will follow the taking of these medicines; *but so it might if nothing had been taken.* It is from such instances that the vendors obtain their few valuable testimonials.

The testimonials often constitute the greater part of the fraud. They are usually either false or they do not exist at all. Moreover, this further important fact may well be pointed out: no purchasers are able either to punish or even to dictate to the vendor at all. If they find they have been swindled they cannot tell

anyone so—they must not give themselves away. Testimonials are rarely asked for, but if they ever are, the vendors could calmly refuse to show any. No woman dare prosecute.

Sometimes women will fail to get the desired result through one advertisement, and will try others which hold out better promises, such as: "Ours is the only certain remedy." But all are alike; all represent the deepest villainy and criminal intent. Women should henceforth make up their minds that nothing can be done to procure abortion which is at all safe and satisfactory, even though they might be inclined to perceive nothing criminal in the intent. They should go on in their pregnancy; and they may proceed to full time or to a miscarriage having a *natural* causation; but to hunt about for remedies is quite useless, very expensive, and often disastrous. Legitimate abortion may be procured, but *only under the conditions named in a former paragraph*, and always under the eyes of *two* doctors, not one.

Miscarriages sometimes take place on account of inflammation of the womb, or through irritation of the bladder or rectum. Loss of blood, tumors, or displacements may also act as causes. With regard to the last of these it may be repeated that a womb may be bent backwards at the time conception takes place. If the enlarging fœtus itself, or the doctor, does not correct this displacement, the womb, with its contents, will occupy a cramped position within the pelvis, and will cause pressure and inflammation, which must ultimately either result in spontaneous abortion or require the instrumentally and legitimately induced form.

The fœtus itself may be the means of bringing a miscarriage, through its death, for instance. A dead

fœtus naturally tends to come away, though now and again it may remain within the womb for a considerable time. The afterbirth may also become diseased, and cause internal bleeding. The collection of blood thus produced in the womb acts as a foreign body and causes it to contract and expel its contents. Or the cord which connects the fœtus with the afterbirth may become knotted or twisted, stopping the circulation between the two, a miscarriage ultimately resulting.

Among the accidental causes of miscarriage may be mentioned falls or blows. These act in two ways; either they injure the organs of the mother or they affect chiefly the child in the womb. The latter, however, very rarely happens. It is curious to note that sometimes the slightest accident to the mother will cause a miscarriage, while in other cases the very severest will not have the same effect. Legs have been amputated and no miscarriage has followed. Unmarried women, wishing to have an abortion have been known to throw themselves down-stairs, half-killing themselves, without producing any effect upon their pregnant condition.

What are the signs and symptoms of miscarriage if nothing has been experienced as a warning? How may a woman know whether she is likely to miscarry? There is an important sign, and also an important symptom, for the reader to study carefully. The former is hæmorrhage, and the latter pain. According as either of these two are present or not, or according as they are closely associated with one another, so will the result be determined. There may, however, be certain symptoms precede these, less important and less to be relied upon, but which are worth just mentioning, such as shivering, and even

nausea or vomiting; but generally these are not noticed at all.

Hæmorrhage is nearly always the first thing noticed. The womb begins to contract when a miscarriage threatens, in order to expel its contents. The slightest detachment of the ovum in the womb causes bleeding. As time goes on the hæmorrhage increases, and the contractions of the womb soon come to be perceived as pain. Very often, however, bleeding occurs for several weeks before any pain is felt, and in such cases the patient may be very considerably reduced in general health, if not also weakened by the loss. The quantity of blood discharged will vary very much in different cases. Some may only lose a little, while others may be subject even to large gushes or "floodings." The commonest form of hæmorrhage is the slight but continuous one.

If the fœtus is only a week or two old the pain felt will be very little more than that experienced by many during menstruation; but in the later months a miscarriage more resembles a labor at full term in every respect. Miscarriage in late pregnancy is therefore not so often preceded by hæmorrhage as that in the earlier months. The pains are intermittent, more after the type of those of full-term labor.

A miscarriage is said to be incomplete when something is left behind. This form is distinguished by the persistence of the hæmorrhage after the expulsion of the fœtus has taken place. The latter may be expelled, while the membranes and placenta remain behind, the mouth of the womb partly closing again to retain them. After a few hours, or even it may be days, the remainder may be expelled by further contractions of the womb; but such portions have been known to remain in the womb several weeks, and even

some months, before being got rid of. Whenever anything is left behind there is always a risk of decomposition taking place, which will create a most offensive discharge and act as a poison. The reader will at once see the necessity for having professional advice under these circumstances. The risk of leaving things to take their course is very great indeed. Puerperal or child-bed fever, blood-poisoning and death itself may supervene when decomposition of retained portions has taken place.

In addition to incomplete forms of miscarriage, there may be mentioned the so-called threatened and inevitable ones. Where the signs or symptoms only amount to a threat, the hæmorrhage and pain do not occur at the same time; and should the quantity of blood be very slight, then the miscarriage is even less likely to occur. There are other signs, which only doctors can observe, to make sure what is about to take place; the reader could neither recognize nor understand them, therefore it is not necessary to mention them.

Miscarriages that are called inevitable are those in which hæmorrhage and pain have occurred at one and the same time. A doctor further finding out on examination that the womb is slightly open, will now be absolutely certain that a miscarriage will take place. If the "waters are broken," then the ultimate issue is quite certain. The hæmorrhage that occurs often kills the fœtus, if it has not died before. The necessity for distinguishing whether certain symptoms indicate a threatened miscarriage or an inevitable will be seen when treatment is considered; if doctors have to deal with a threatened form, they try to avert the catastrophe, but if it be inevitable, they adopt measures to hasten the process.

There is still another form of miscarriage to be named: the "missed" one. When a woman reaches the third or fourth month, and a miscarriage threatens, but does not occur, though the fœtus dies, then it will occasionally shrink and remain in the womb, causing little trouble, to be expelled at the seventh or eighth month. It becomes dry and mummified. The abortion therefore misses.

It is not to be wondered at that women fail to make out what is the matter with them when such symptoms occur, if they have not had a doctor. Menstruation having stopped, and all the signs and symptoms of pregnancy being present—a diminution in size and perhaps a discharge being next observed—and yet no appearance of anything in the shape of a fœtus to be seen! Such occurrences would easily mystify anyone but a medical man.

Nurses should always be instructed that everything passed should be kept for the doctor's inspection. It is most important that this should be done. It is true that the doctor can find out everything about a woman, even though every portion of embryo, clot, or afterbirth have been thrown away, but not without subjecting his patient to such examinations and interrogations as will cause trouble to him and a good deal of discomfort to her also. But when he sees for himself he knows quickly and definitely what it is that has come away, and what has been left behind, and he promptly takes steps accordingly; moreover, so much time is saved by this plan of keeping everything for inspection.

The reader cannot have it repeated too often that miscarriages are often very much worse than full-time confinements. The former may appear to be, or may be understood to be, trifling affairs—and very often

they are—but they are so frequently the beginning of a life of general bad health that special warning is requisite. Any blood-poisoning or severe hæmorrhage may debilitate the system for the rest of a woman's days, if they do not end fatally. Disease of the womb or ovaries is also liable to occur afterwards.

It will now be better understood why criminal abortion is often a dangerous condition to bring about. Ordinary miscarriages are sometimes very serious, and may even be fatal; therefore those induced by the use of drugs or instruments might be still more likely to be so, for very often the general health of those who are pregnant, and do not desire to remain so, is already extremely undermined through worry and excitement, and perhaps also poison, rendering them unfit to undergo any operation whatsoever.

In advising women what to do when they suspect that either a miscarriage has occurred or that it is about to occur, the present writer would particularly point out the wisdom of sending for a doctor in time. If there has been any distinct evidence that pregnancy has been suspected, and if hæmorrhage occur which is not like that belonging to ordinary menstruation—more especially if this should keep going on longer than an ordinary menstrual discharge should do—then the doctor should be sent for. It is no use expecting and hoping, while all the time the strength is being drained away. Temporizing under such circumstances is not only dangerous for a woman but even unfair to a doctor, for the latter hopes to find the advantage of a fair amount of strength in his patient, not the exhaustion resulting from practically two illnesses together.

Some women think that womb hæmorrhages should be taken very little notice of, unless they be really

severe; they seem to imagine that their sex is made for a good deal of this sort of thing. They appear to get so used to it that a constant flow over some weeks does not in the least alarm them; such prolonged flows are often very dangerous, however, resulting in tedious recoveries in not a few instances.

The best procedure for a woman herself to adopt, before a doctor is sent for, is to rest on her back in bed, if she have undue hæmorrhage during the earlier months of pregnancy. Let her drink nothing hot, take low diet, abstain from alcoholic drinks, and the complete rest may stop the flow. She will recollect, from the explanations given of the signs and symptoms of miscarriage, that hæmorrhage alone will not determine that the complete event is sure to take place, but that hæmorrhage and sharp pains together are indicative. Every excitement should be avoided at the same time, and purgation or syringing should be avoided. Women who show a tendency to miscarry should sleep apart from their husbands for the first three or four months of pregnancy, as sexual excitement acts as a causation. Those who miscarry repeatedly, and who wish to bear a living child, should take the advice of their doctor, because there are so many points to be taken into account respecting family history, constitution, health of husband, etc., and so many details regarding the proper treatment to be adopted in individual cases, that general instructions for all cases are impossible; every case should be treated entirely according as its peculiarities dictate.

Continued hæmorrhage after a fœtus has been expelled is always a serious matter; it generally signifies that there has been something left behind. If a woman should have been so ill advised as to go through a miscarriage without having the advice of a

doctor, and if she find that hæmorrhage continues after she thinks everything has come away, she should then without fail place her case in his hands. If the hæmorrhage should not be such as to make a woman who has neglected to send for a doctor at first, and who has trusted to Nature as far as the passage of the embryo stage, suspicious that matters are not as they should be, she should still more certainly send for advice if shivering, feverishness, or much pain be felt as well. The smallest piece of afterbirth or membrane left behind is enough to cause trouble; it is most important to remember this; it may cause inflammation or turn into a polypus or soft tumor.

When anything remains behind after a miscarriage the doctor will then take it away, either by means of his fingers or by instruments. He may even find it necessary to scrape the inside of the womb, in order to get away small pieces that have grown to the side. It may also be advisable to wash out the womb with antiseptic and purifying solutions.

After a miscarriage, no matter whether it may appear severe or not, or whether it have occurred during the earlier months of pregnancy or not, a woman should remain in bed until the colored discharge has almost entirely ceased. She should be kept in bed for six days at least, in the most favorable case in which the embryo has only been very small, if she desires to recover quickly and completely without complications arising or following in the near or distant future. And this period of rest may be extended as long as more serious symptoms indicate. The patient would also do well to keep quiet for three weeks after getting up again, just as she would after an ordinary confinement. Nay, more, the present writer considers that the average case of miscarriage is all

the better and safer treated, as far as rest and recumbency go, exactly as a full-term confinement would be.

Those having previously miscarried should learn the probable or actual cause, and take steps to avoid a similar occurrence in future; ill-health should be corrected; rest should be taken in the case of those who have previously miscarried on account of over-exertion; the excitable should cultivate quiet habits and be medically treated for "nerves." The present writer has known cases of repeated miscarriage to be followed by fruitful issue, but only after complete abstinence from and avoidance of all influences likely to provoke the event, kept up during the whole nine months, walking even having been forbidden—the persevering one being taken out daily in a rolling chair in some instances.

"The great Creator wills him wise
But oft provoketh many sighs."

—GIBSON.

CHAPTER XIII

DOCTORS, MIDWIVES AND NURSES

The doctor engaged beforehand, or called in to attend a lying-in woman, had better not be a stranger to her. He should not see his patient for the first time at the bedside, when she is in labor, but should have become acquainted with her on some previous occasion. It is true that most pregnant women have at least one interview with their doctor before confinement, but very often only for a minute or so, and they are afterwards practically as strange as ever. Few things help so much in a confinement as a comfortable and complete understanding between doctor and patient; even the "pains" themselves are often dependent upon this, as we have already suggested in a previous chapter. There have been special reasons given in Chapter VIII. why doctor and pregnant patient should have become acquainted to some extent, and not the least of these is this, that the patient may not be over-sensitive when her confinement takes place. The pains will be halting in character, the labor being hindered considerably, if an unpleasant feeling of strangeness exist between the two.

Now, there are doctors and doctors; there are some who attend a large number of confinement cases, while others do not care to attend any at all if they can help it. Most general practitioners, who treat all classes of cases, are obliged to include midwifery, simply because they are family doctors. Many people would not like to have two local doctors attending in the same house, one for ordinary illnesses and the doctor for confinements. The typical family doctor is usually

of mature years and married. Sometimes, however, we may find him a single man, much esteemed perhaps, but not desired for attendance at the confinements of the mother, for her own reasons; so that another doctor may have to be engaged. The reader should remember, however, that whether he be single or married, every doctor has gone through the same initial course of training. The average single doctor is just as good as a married one, and may even be sometimes better, when he have passed his examination and also have had much experience. It is quite a mistake to suppose that single men have much less knowledge concerning women and their illnesses than married ones. There are some single men who are eminent in this department, while many married ones merely know what all are obliged to learn at first, but not much more.

Everyone can well understand that women might in many instances prefer to be attended by a married doctor. They might be inclined to look upon him as being the more suitable because he has himself had a married and family experience. He has a wife of his own, and can, therefore, all the better understand and sympathize. There are men and men, doctors and doctors, husbands and husbands, wives and wives. There are all sides of all questions. Not a few wives *prefer* a single man to attend them in confinement; and they have done so after having had one who came as a substitute, his married partner, who had been engaged to attend, having been unable to come. Nay, even more, they have been known to send for the same man on subsequent occasions having found him agreeable, most attentive, skilful, patient, gentle, and in every way satisfactory. Again, single men, it must be remembered, may not object to being called up at

night, and at other inconvenient times, so much as married ones, and still more is this likely to be the case when they are young. The single doctor should not be despised.

Many doctors attend patients in confinement without the latter knowing in the least whether their attendant is married or not. Such instances may be frequently found in large towns. Some single doctors have immense practices, and attend a large number of confinements, while not half of their patients know or care whether they are single or no. They may be found quite satisfactory, and that is enough.

There is also the question of age. Some like elderly doctors, thinking they know more; while others prefer younger ones, believing that their knowledge is more up-to-date and their methods more highly trained.

As a family attendant, a good doctor, well recommended by near and personal friends who speak from experience, *moreover a married one*, is perhaps the best to engage from all points of view. There may be symptoms or circumstances before, during, or after the confinement which a woman would *more freely communicate* to a married doctor than she would to one whom she *knew* was single; some unusual symptoms of her case might possibly be better and more fully understood by the former.

Some wives will wish to engage a midwife instead of a doctor, to attend them in confinement, and they will give their friends two reasons usually, or one of two. Either they will prefer a woman to a man, naturally, or they will be able to obtain the services of the former for less money. I shall not advise any woman off-hand whom to engage, for I could not pretend to know either the depths of her feelings or her

purse, such being private property. All people are, to some extent, entitled to their own ideas regarding who shall have the handling of their most private possessions.

But supposing a woman would rather have a midwife to attend her, for many reasons—for her own reasons—what kind of a midwife shall she look for? There are midwives and midwives—of the old school and the new—some perfect, others questionable—drunken and sober, soiled and clean, pleasant and objectionable, some helpful, others dangerous, some false, some true.

There are certificated midwives practising to-day of the old school, who have managed to obtain their certificates through agents of influence, who have testified to the great ability and spotless character they have displayed for a number of years; many of these have deserved favorable recognition, but I regret to say some have not. And there are those of the new school, who have more recently undergone a thorough training at some recognized maternity institution; these undoubtedly make the best midwives, for obvious reasons, provided they have also had a good deal of experience in private practice. I would recommend one who is at any rate past thirty years of age, and who has been married, just as I would recommend a married doctor in preference to a single one, if I were offering a hint to my best friend.

A wife had better make careful terms with any midwife she engages, and have a distinct understanding with her as to what kind of services she is to render. Some midwives are so busy that they have hardly time to do fair duty all around, rushing from house to house, just touching-up here and there, and doing nothing quietly or thoroughly. A poor woman in

agonies in bed is hardly in a fit condition to argue with a midwife, who is telling her that she has two other cases going on which are just as important. The one sufferer naturally sympathizes with the others, and submits kindly to what help is afforded her. Wives should therefore have a distinct understanding on engaging a midwife that there shall be no neglect on account of other cases.

But here, again, the thought crosses my mind—and I have hesitated to refer to it before—that every woman would be better advised to have a doctor *and a lying-in nurse* in preference to a midwife alone. And I recommend this well knowing that many doctors feel they are better without confinement cases, inasmuch as the work is not the most desirable at the price; a lying-in woman is safer and more comfortably looked after by a doctor and lying-in nurse than if she were merely casually visited by a midwife only. There can be no question about this. And what if it costs a few dollars more? It appears to me to be worth it. The average doctor is quite content to let midwives get as much work as ever they can—if they are good at their work. Witnessing as I do the manner in which various systems operate, and seeing people at their work; visiting mothers who have had midwives, and hearing their accounts, I am bound to give my opinion that, if the extra few dollars can be afforded, a doctor and an all-time nurse are the better to employ.

If a woman can afford a good and reliable midwife, and an all-time neighbor or nurse to attend her, I could not advise anything better, *provided the labor pass off without complications, as it usually does.*

A good midwife should know exactly when to send for a doctor, in case of difficulties being encountered.

But I am sorry to have to record that many midwives, who have in the first place persuaded their patients to engage them in preference to a doctor, defer sending for the latter when difficulty is found, hoping that things may come right by waiting, not wishing to show that they are themselves hardly competent to meet all contingencies. Thus poor patients have been exposed to the risk of losing their lives.

Many midwives endeavor to persuade wives that a doctor is quite unnecessary. And this persuasion will even extend to a running-down of a doctor. Nay, more, I strongly advise that no wife should engage a doctor and a midwife to act as nurse, for the latter will be likely to try at every turn to prove how able she is—and might even soon make attempts to demonstrate how incompetent the doctor is. I have known certificated midwives to try and upset patients in order to get the attending medical man blamed—so that more value might be placed upon the midwife-nurse.

I will tell you more. I had occasion to advise in the case of a doctor who complained of carelessness and failure to perform her duty on the part of a midwife, who had been engaged as midwife-nurse to one of his lying-in cases. I made full investigation into the facts of the case, and found that this midwife had endeavored to persuade the patient to engage her as against the doctor, promising that if she required a doctor at the time another one could be obtained by her for much less money. This midwife wished to get the fee for the case if it should turn out a simple one, but would send for a doctor if there were complications, inducing this doctor to accept a lower fee than one would require if properly engaged beforehand. Failing to persuade the wife to agree to this proposition, she offered to attend as nurse under the

doctor. When the confinement took place this criminal woman neglected the patient and blamed the doctor for not treating her properly. It so happened that the doctor on whose behalf the midwife was working was himself a local inspector of midwives—therefore due report upon the conduct of this midwife resulted in no penalty being inflicted.

Doctors should neither recommend particular midwives, nor midwives recommend particular doctors. Patients should make their own choice, if they know any doctors at all. But doctors should always be in a position to recommend good *nurses* for their cases.

If a wife wish to engage a doctor, she should not be diverted from her intentions by the promise of some canvassing midwife that if anything should go wrong she will send for a doctor at once, for such a midwife might perhaps wait so long as to endanger life. Again, some midwives and nurses make happy little arrangements with certain medical men, that the latter will pay over to them, a part of the doctor's fee, if the baby should be born before the doctor arrives. Such arrangements lead to undue waiting on the part of the midwife or nurse—perhaps so long as to make it dangerous for the patient. The doctor may not mind sacrificing a small amount in these cases in which he loses no time himself.

No midwife or nurse should be engaged who has not been honestly recommended by friends who have been witness to their work on previous occasions, or who have themselves benefited from their assistance.

Midwives who pretend to know very much are often a danger, and those who advise on ailments outside of pure and simple midwifery practice are charlatans. A midwife was once known to have treated the elder child of one of her patients for a bruise, as she

thought, which was really erysipelas, an infectious disease which her lying-in patient might have contracted.

The quietest nurse is the best, provided she is satisfactory in the performance of all her duties. A very talkative one is a nuisance to both doctor and patient. One who will do as she is told by the doctor, and attend to her patient kindly, diligently, quietly, and sensibly, is quite invaluable, and rather rare to find. The lying-in nurse is almost proverbially loquacious and fussy, knowing far too much in her own estimation—even given to dictating to the doctor sometimes. Not that the doctor imagines she knows such an extraordinary amount; he is often inclined to give way to her, in order to be talked of as "a nice gentleman" rather than be dubbed "an unpleasant kind of man"—and the hard-worked and poorly-paid practitioner is only human after all; he is obliged to think of these things.

A young nurse is often better than an old one, as wise as the latter may *think* herself to be. Wisdom is not required in a nurse, only common and experienced sense is necessary; the doctor is there to show wisdom, and give particular directions every time he visits; the nurse should apply that wisdom and do as she is told. A young, dutiful, active, obedient, and sensible nurse is infinitely better than an old, shaky, stumbling irritable, and perverse creature, who thinks she knows everything, and sometimes feels inclined to "punish" the patient and doctor too if things do not please her.

"The reason firm, the temperate will,
Endurance, foresight, strength, and skill;
A perfect Woman, nobly planned,
To warn, to comfort, and command."

—WORDSWORTH.

CHAPTER XIV

LABOR EXPLAINED

Pregnancy proceeds over so many months, until such time as the fœtus is developed sufficiently to be born and to live and promise favorably for the future: it should not be delivered before the right time if it is to develop into a good specimen of humanity. There is a right period for it to make its appearance in the world; and that is after growing for between 270 and 280 days. A very much less period than this would be abnormal, while the child would probably be undersized and not so likely to live; again, if a confinement took place much over the right time it would be likely to give trouble or cause danger to the mother, for the child might then be too large a one. Some women are said to have given birth to a child after 290 days, and there are instances in which such a child has weighed upwards of 12 lbs. Quite fully developed children at a year old may sometimes be seen who were born after 255 to 260 days' development, however. There is no really hard and fast number of days to be given; indeed, it is quite possible for some children born after eight months of pregnancy to be larger than others born after nine months. A good deal, however, depends upon circumstances, and we can only give the approximate or average length of time, weight, or size, when either referring to a mother's period of gestation or to her child's development.

Let us look a moment at what the function of labor really is, roughly. There is something that grows within the womb and develops gradually, from a minute speck, until in time it assumes definite and perfect form, ready to be born. Between the time that fertilization of the woman's ovum takes place, and the first cry that the child makes in this world, some 275 days, a human being has been developing, imaging, and perfecting. Its advent into the world takes place after the bursting of the shell, as it were; when a hen sits on its eggs the contents of those eggs gradually change until a chick is formed, which, after a certain time, bursts the shell and comes out; so the human fœtus grows within, and must in time be forced forth to the exterior—to the world. And it does so by being expelled out by muscular contraction. It must be remembered that the womb is an organ of the body which is endowed with very great force of contraction and expulsion. It grows larger and stronger during the months of pregnancy, for it has to cover, protect, and make a shell, as it were, for the fœtus, which it is to force forth into the world after the latter has developed to the proper size.

The very best illustration that could be given of the way in which a child is forced out from the womb is that provided by the back passage or rectum, when it bears down and forces out its contents in an ordinary emptying of the bowels. The action is really remarkably similar, and affords a very good illustration, though the comparison is not quite pleasant to contemplate perhaps; but inasmuch as some women imagine that a child comes into the world through a huge cleft formed just below the navel, a simply expressed explanation and comparison may well be given in these pages. The child is forced through

the front passage, the vagina, by the contraction of the womb, after the neck of the womb has opened sufficiently to allow it to come out. The contractions cannot force it out quickly, because the passage is small and tight; the womb can only do its work by degrees. It keeps on contracting intermittently, resting a while and then returning to work again; harder and harder its efforts grow, and further and further the child is forced down, through the passage that is thus gradually opened up. Nothing is done in a hurry, or rupture of the mother's parts would certainly take place. If the womb were to contract very violently, while the passage of exit were either tightly closed or insufficiently yielding to the pressure, it would burst. There must be a road made for the contents of the womb to pass along, and time must be required for its proper making. The passage must be gradually softened and loosened, so that the forcing of the womb shall drive the child's head along without injury either to mother or child. If the head should fit tightly and not move any further for a few moments, it will soon afterwards continue its journey, when the parts have yielded and dilated to the pressure. Time is thus absolutely necessary.

The birth of a child indeed involves some of the most wonderful processes of Nature. For the perpetuation of species it was found necessary that the young one should be developed altogether within its mother, and that it should be brought forth into the world in some satisfactory way, without injury to the mother or itself, and the great Creator devised the manner in which this difficult and dangerous work should be accomplished. Soon after giving birth, moreover, the mother must of course be restored as before, as though nothing had happened; she should

not die from the effects; her womb, now emptied, must contract and diminish down to its former size, and so must also the passage of exit. Outside parts that have been bruised or even torn ought soon to shrink to normal dimensions, and heal, all swelling and tenderness rapidly going away. In a few weeks it is necessary for all to be restored again, just as before—practically. So has the great Ruler ordained.

There are a few points about the contraction of the womb which may be mentioned at this stage. This remarkable power, as well as certain other auxiliary ones, is interesting, and an understanding of it will help a wife to solve several puzzling problems that may occur to her respecting childbirth. The thoughtful reader should grasp the simple fact that it is a contraction and forcing down of the womb that mainly brings the child into the world, and that there are usually other forces to help her. A womb itself may sometimes fail to do its work, while other forces will be active; again, on the other hand, the womb, though laboring strongly, may not be helped at all by any other forces. Sometimes the "pains," as the contractions of the womb during labor are called, are observed to be absent, the other muscular forces of the abdominal walls acting alone. Now, if they do act alone, they will energize to no good purpose. A child cannot be born in a natural manner without womb contractions; but it can be born without any auxiliary muscular force acting outside—as when the abdominal muscles are paralyzed—provided the womb has sufficient power. In other words, the contraction of the womb itself is the essential power in labor, and any other muscular force acts only subsidiarily, being extremely useful if it is nothing like so important.

Another interesting point about the "pains" is this;

they will occur quite independently of the will of the woman suffering them. They will go on even when she is unconscious. A conscious woman can readily exercise a certain power over them, however, through her sympathetic nervous system, as is proved by the fact that they will often cease on the arrival of a doctor. The "pains" of labor may stop for a while, but they will return again soon, in spite of everything, unless the womb should gradually lose its power altogether.

Some women are much more sensitive than others. There are patients who will exhibit no pains at all while the doctor is present, and he is obliged to go into the next room until the child is born. Such patients are, however, generally observed to be of a highly sensitive and nervous disposition in the ordinary way, and during other illnesses. But on the other hand, one meets with lying-in women who do not display the slightest feeling, one way or another, regarding the presence of a doctor, and just "pain" away as though no one were present. Doctors who observe very great sensitiveness of this kind will sometimes administer a draught to counteract it. Even a small glass of brandy has been known to dispel a certain amount of nervousness, not that this is at all recommended for the purpose. It is better for a woman so afflicted, to try and conquer her feelings. She should endeavor to get used to her doctor, and make up her mind to go on just as though he were not present; she should recollect that he is himself very anxious for the pains to occur, and not an intruding stranger who will be at all curious; the reader may be quite certain that he is quite accustomed to all he will see and hear; the woman in labor need not think any more of him, because he is a man, than the

pillow she lies her head on; if her mind become thus indifferently composed her pains will return again.

Even nurses hinder pains sometimes, when fussy and not the kind of women the patient thoroughly "takes to." Women in labor like someone present, as a rule, of course; their disturbed feelings and anxiety may thus be comforted; they may be waited on and helped in many little ways; but notwithstanding this, the paining or contracting of the womb seems to be rather hindered by the presence of another, unless this other should be a mother, or nurse, or a doctor who is absolutely acceptable and pleasant to the patient in every respect. Encouragement to bear down, and to pull or push, may appear to do good very often; but it is doubtful whether anything that may be said is of any use whatever, unless it act through the nervous system of the patient, rendering her *quite regardless of anyone else attending her*, so that the womb may not be hindered in its work by undue nervous sensitiveness.

The reader will now see why a woman should become well acquainted with her doctor sometime early in pregnancy—so that she shall not be so very frightened of him when her confinement comes. But doctors know perfectly well the possible effect of their arrival, and they will very soon gauge the effect in individual cases. They will conduct themselves in such a manner that their presence may be rendered as little objectionable as possible; in fact, they will do their best to inspire their patients with the full understanding that they are there to help and not to look on or hinder, and so dispel at once any feelings of shyness or discomfort. Women have all to be thankful that doctors are able, through experience, to render so much assistance, to the *mind* as well as to the body. Their attendance will include such manners and meth-

ods as will help to put a woman at her ease mentally as well as physically; and mental ease is, after all, one of the surest contributors to physical ease; the mind will usually influence most of the body's ills.

What the doctors commonly experience is this; they reach the bedroom and learn from the nurse that the "pains" are coming fast and strong; but they themselves observe no pains for some little time. Then they say something like this to the patient: "Now, don't mind me in the least; just go on as though I were not here: take no notice of anyone whatever; just let your pains come and go as though you were quite alone." Then the "pains" appear again. Reasoning in such manner, doctors note how much the mind of a lying-in woman is influenced by anyone being present during her distress, gauging how the mind influences the forces and feelings of the body.

The pains of labor will be observed to be intermittent—coming and going. Nature has designed this for various reasons. Continued pressure would stop the circulation in those parts of the mother pressed upon by the strong contractions and forcing down of the womb; it would thus cause serious damage. The circulation is restored again when a "pain" goes off. Moreover, the mother can obtain rest between the "pains," and so save her strength for the stronger ones that must come towards the end.

The child also benefits by this coming and going of the pains. It could not live through one long and strong one. At this stage of its development it is soft and tender. The bones of its head are not united into a solid shell, they are loose and movable, and they give way to pressure a great deal; it would die during labor if the pressure all over were too long

sustained. Moreover, the circulation of the blood that goes on between mother and child—until the child is altogether in the world—would be likely to stop if continued pressure were exerted.

The contractions of the womb have been referred to as "pains," for the latter word best expresses what women themselves perceive. A large part of the general distress and pain of childbirth is caused by the dilatation of the parts through which the child must pass, and also by pressure on the blood vessels which causes so much discomfort in the thighs and groin, while pressure upon the nerve causes cramps in the legs.

So much for the unpleasantness of it all—the distress, the pain, the anguish—the determination never to go through it again. But let me tell the reader that there are women who give birth without a murmur—without feeling much more than they would if severely constipated. Such are worth referring to. Highly sensitive and nervous women suffer the most, as might well be imagined.

"Birth is but a sleep and a forgetting:
The soul that rises with us, our life's Star,
Hath had elsewhere its setting.
And cometh from afar."

—WORDSWORTH.

CHAPTER XV

THE FIRST INDICATIONS OF THE APPROACH OF LABOR

A first confinement is very different from those that may follow, as will be well understood. When the parts and passages have once undergone all the pressures and stretchings peculiar to labor, they will submit to any future repetitions much more readily, yielding more kindly and with less pain. Some women appear to get quite used to confinements, and go through them with scarcely any distress or pain, especially if they are well-made, strong, and healthy. But the first time is practically always a great trial for the best of them, although there are some remarkable exceptions, which all very well serve to prove the rule. If first occasions widely differ from following ones, so also do firsts themselves differ from one another in different women, affording striking contrasts when observed in a large number of cases. One woman will occasionally appear to go through her first confinement almost as well as another who has previously had three or four children. Circumstances alter cases, and no two confinements are ever quite alike; so we carefully study averages and compare a large number.

The differences between the various signs, symptoms, and results exhibited by a woman pregnant for the first time, and similar signs, symptoms, and results shown by another who has already experienced the

throes and delights of motherhood, may be noteworthy from the first indication of pregnancy; but only those points regarding labor that are important and useful for wives to know will be mentioned in this chapter, while occurrencses that are common to all women will be mentioned in the order they usually arise:—

Very often pregnant women perceive womb contractions during the nine months of their pregnancy, and are thus very often misled, not recognizing the earliest pains of actual labor when they come on. Nervous women will sometimes imagine that they are going to miscarry at various stages of development, when nothing but slight irrelevant pains have been present, which pass off very soon. One patient is particularly remembered, who began with pains in the abdomen at about the fifth month, and sent for the present writer. These pains were at first only due to flatulence, really; but, after persuading herself that she was going to miscarry, she developed real womb pains, through simply thinking so much about the miscarriage she imagined was surely impending. It was only after great difficulty, under medicines and force of argument, that she was persuaded no miscarriage was going to take place.

This same patient had one of her children taken ill with severe bronchitis three weeks before she should have been delivered of the infant she was then "carrying." The consequence was, she became so afraid that the sick child would not get better before she had to go to bed herself for her confinement, that on the second day of the illness the worry caused her to give premature birth. This case serves to show the effects of nervousness at *two* stages of pregnancy, and under quite different conditions, in the same patient.

Premature births not infrequently occur in nervous women through their simply imagining or brooding over pains that belong to quite another cause. One woman is remembered who gave birth to an eight-month child simply through miscalculating the time. She felt so certain that the time had arrived that she brought on labor by simply worrying and dwelling upon it. She was a highly hysterical patient, and caused great anxiety to everyone on a subsequent occasion by anticipating a miscarriage and very nearly getting one. Her first child had died, and she very much wanted the second to live, naturally. It was only with the greatest difficulty that she was led on to the eighth month once more, when she gave birth to a child, and it lived. It is this class of case, above all others, which is so much influenced by the chatter of friends. Therefore women should on no account allow their imaginations to run away with them; they should silence the tongues of visiting busybodies, if they wish to avoid disaster while they are pregnant or during labor. A comfortable and calm mind in a healthy body is what is required; no nerves and no advice from interfering and ill-informed neighbors.

If any slight pain or distress is felt in the lower abdomen before the time delivery is expected, the wife had better see that her bowels have been properly moved, and not send for the doctor thinking that her confinement was about to take place. Nothing is so bad as worrying and thinking and busying too soon about what may happen, for mind and body will be worn out long before the end is reached under these circumstances. Let things take their natural course; time will certainly show what is the matter. Some women will perhaps find it difficult to be calm;

but all can try, and a little common sense will always help in many ways. There will be no doubt about the real pains of labor when they do come. Particular attention should be paid to the bowels as the time for confinement approaches; while an enema of warm water as soon as ever the first labor pains are perceived will be most advantageous and hygienic.

"It is all very well for those who do not go through the actual process themselves to advise others," says one of my readers, "but it is not so easy to be entirely self-possessed and controlled when you have sensations that some of your inside is making efforts to burst out." Quite so, replies the present writer; but a doctor must do the best he can for his patients, and to calm their anxieties and allay their fears is one of the most important duties he has to perform. I make this further assurance, that if the patient is able to manage her ideas and inclinations, keeping herself under control, permitting the doctor to decide and to direct proceedings, all acting quietly and calmly, then the best chance will be given for everything to pass off favorably. The difference between order and disorder, in mind, body, process, or procedure, will in all cases be immense—it might be as much as would amount to life or death.

"Accuse not Nature, she hath done her part;
Do thou but thine."

—MILTON.

CHAPTER XVI

SENDING FOR NURSE AND DOCTOR

There is not much harm done by sending for the nurse, even if the wife be somewhat uncertain as to whether labor is commencing—especially if the nurse were at home doing nothing; indeed, it is generally best to send for the nurse a few days—or even weeks, if a patient can afford it—before the confinement is expected, for she can always find something to do; she can make lots of useful preparations, and help in many ways about the house. There is plenty of sewing to be done in every household, and there are also the baby's things to be got ready. The presence of a kind nurse tends to comfort a wife's mind, particularly if she be a pleasant and tactful one.

Either she or the patient's mother will prove by far the best companion for a woman to have when the earliest pains begin; either can help to keep down excitement by telling the patient how other women go on, and by encouraging her not to make too much of trifles. While if any trouble should be found with the bowels a nurse would be able to give an enema if necessary, for the bowels should be emptied one way or another before labor sets in.

On rare occasions the doctor is sent for in a hurry, because hæmorrhage has set in, which may be profuse or only slight. It is quite right to send for the doctor as soon as ever any marked hæmorrhage occurs, when

the later months of pregnancy have been reached, for it points to a serious condition known to doctors as Placenta Prævia, in which the afterbirth is wrongly situated. When the afterbirth "comes first" it will bleed profusely every time the womb contracts, particularly when the mouth and neck of the womb begin to open. In such cases a patient may quickly bleed to death if assistance be not promptly rendered.

The bleeding of Placenta Prævia may be noticed long before the confinement is expected, and may come on suddenly, without any apparent cause. In the latter event there may be a considerable quantity come away, especially if the time for delivery is close at hand. Sometimes the hæmorrhage is so great as to cause extreme anæmia and exhaustion; even death may take place rapidly.

Placenta Prævia is very rare in a first pregnancy, more commonly occurring in those who have had many children; it generally depends upon some disordered state of the womb that has followed former confinements. Only one in six or seven hundred women suffer from it, so it is a comparatively rare condition. The stronger the pains are, when labor sets in, generally the better it is for the patient, for the head of the child is thus brought down to press upon the afterbirth, blocking up the passage and stopping the bleeding to some extent. The doctor, having been sent for immediately, will use his judgment as to what is the best procedure to adopt; he will at once make an examination in order to find the exact position of the bleeding afterbirth, and will further ascertain the state of the womb and position of the child. The "pains" are often very weak, because of the patient's loss of blood. Generally it is necessary to promptly deliver the child by means of either in-

struments or the doctor's hand inserted. Something should be done very quickly; but the patient must keep as calm as possible, so that the doctor and nurse can do their work quickly and well.

The condition is always a serious one, and the lives of both mother and child are often hung in the balance.

If a doctor cannot reach his patient quickly enough in a case of Placenta Prævia, and the situation seems quite urgent, then the nurse should plug the vagina with cotton-wool or clean linen dipped first in an antiseptic and then in vaseline, which may be passed in by the finger. The patient should lie quite still on her back, with her buttocks raised, and have no hot drinks or stimulants unless she should grow faint. Nothing further can safely be done until the doctor comes.

When there is pronounced hæmorrhage before the proper time for delivery, or even very early in labor, the doctor cannot be sent for too soon; but on the other hand, he is very often sent for far too early in an ordinary case of labor. If a patient be nervous or unduly anxious she will want to send for the doctor before labor pains have really fairly started, just because she thinks something is going to happen. Those pregnant for the first time are often given to this urgency, as may also their over-anxious mothers. Late at night, it is surprising how quite sensible people may lose their heads when there is absolutely no cause for hasty messages. One "works up" the other by alarming observations, and then a rush is made for the doctor, who may promptly arrive to find that only the very earliest sensations have begun and that the confinement will not take place until the next day.

Here is where a good nurse is valuable. She knows

when to send for the doctor. She has had experience, and she pacifies the patient until the character of the pains indicates that labor has really progressed sufficiently for the doctor to be sent for. Even nurses, when inexperienced, will sometimes get nervous and "worked up" by friends around, and will even rush for the doctor themselves if need be, hours too soon. It might be very nice if doctors could attend quite early and remain a day or two with their patient; but they cannot always do so; they must see other patients and get to bed now and again. They do not mind stopping up an odd night with a patient, dropping in to see her several times a day, perhaps; but they could not be expected to be present from the earliest sensations to the very end, with so much other work to do. Nor could they do much good if they were present very early. Nature ought always to have her course, and the doctor should only come in when he could be of real use. The patient will certainly not get on well if the doctor is all the time present; she should be as much alone as possible for a large part of the time, only the mother or nurse being present. Too many present of any sex or relationship spoil a confinement in very many instances.

A good nurse will have the capacity to guide her patient a long way through labor, comfortably, quietly, and therefore quickly, allowing Nature to do her work until art can step in to advantage.

Good doctors are frequently spoiled by nurses, and come to question the urgency of messages, having had a number of false alarms in their experience; they will wait a long time after being called, feeling certain that their services will not be necessary yet. Though once in a hundred times their presence *may* be necessary quite early.

Perhaps a doctor may live a long way from his patient. A good nurse is a blessing in this case. Occasionally a labor will be much quicker than it has ever been before, and the child may be born before the doctor arrives. If this should occur, the patient should know that not the slightest harm can befall her in the ordinary case, if she be left alone for fifteen minutes or even much longer. The child can be covered up and left warm in bed near its mother, unless the nurse has beeen accustomed to and is able to tie the cord; this she should proceed to do quietly and slowly, tying it in two places preferably, and cutting it between the two ties. But there will be no harm done by waiting, if the cord cannot be tied. Should severe hæmorrhage occur, which is extremely unlikely, the nurse can really do nothing at all worth speaking of. Some patients get alarmed if the head present, or if the child be born before the doctor arrives; as a rule, however, no harm will result, and it will be quite safe for the mother to wait a little while, she and her child resting as comfortably as possible.

Before the doctor arrives, and while the earlier "pains" are getting longer and stronger, the nurse should see that everything about the room and bed is arranged suitably. Baby's clothes, and all the napkins and things necessary for confinement, should be aired either downstairs or in the bedroom itself, and kept warm for putting on. Safety-pins, skeins of thread and scissors should be there ready for use. Everything about the wash-stand should be clean and ready for use. Towels should be gotten out in abundance and soap supplied. Let there be plenty of water, two basins, an ordinary jug or two, drinking water bottle, tumbler, and teaspoon. The fire should be lighted if not too warm, and a kettle

with hot water kept on or near it. If it is too warm for a fire, the nurse should be certain that kettles are on the kitchen fire with hot water ready.

The patient should walk about the room if possible during the first stage; walking about, sitting, and leaning over the head of the bed are favorite alternations, until the stronger pains necessitate a recumbent posture. She should also frequently pass water during the first stage. She will very possibly shiver a good deal; this is very common and should not create any alarm.

"The first in loftiness of thought surpass'd,
The next in majesty, in both and last.
The force of Nature could no further go;
To make a third, she join'd the former two."

—DRYDEN.

CHAPTER XVII

PERSONAL AND BED-CLOTHING FOR CONFINEMENT.

The bed itself should be made in the ordinary way with a sheet of some sort of waterproof material placed on the right-hand side of the bed, hanging well over, having some folded sheets placed on top of it. One can scarcely give complete directions for the making of a bed and the arranging of the waterproofs, for so much depends upon the class of patient and the things at disposal. Some might have double waterproof sheets specially made, while others may use a bit of mackintosh, having to be content with some old thick quilts of some kind—anything so long as the bed and bedclothes are protected—and better still, that things are clean. This book is written for all classes, and is intended as a general guide; the nurse will obtain and arrange what she can, while the wife will have procured beforehand what she has considered she could afford best.

The nurse should do everything she can to make the patient comfortable. This book is not written for her, however. She should have her own handbook; and it is not written for those wives who cannot have a nurse. *Every* woman should have a nurse in confinement; yet, the present writer, when a medical student, once attended a woman who was confined on the floor of a room with no covering but her own poor personal apparel and a few pieces of sacking, while

no one else was present to render assistance or to fetch even a drop of hot water. Wives will know perfectly well that a waterproof will save the bed, and the poorest will provide one if they can. A roller towel fastened at the head or foot of the bed, in such a position that the patient may be able to pull on it, had also better be provided.

As regards the dress of the patient there are many differences of opinion. The present writer considers that the less fuss made about personal clothing the better. There is very often far too much changing and arranging. The easy-going way which some wives have of taking off their dress and putting on a dressing or bed-gown, just loosening all waist-bands, taking off the corset or abdominal belt, if one be worn, and lying down upon the side of the bed, after taking off such underclothing as does not seem to be wanted, leaving all other arrangements to the nurse, is one that has very great advantages. Putting the matter plainly, the less fuss of any kind made before, during, or after a confinement the better. So much haste and preparation, so much changing and busying-about, tends to excite the patient, and also very often to exhaust her. A woman in labor requires, above all, as little pulling about as possible, so long as she is quite comfortable. I have entered bedrooms, sometimes, to find a terror-stricken wife standing trembling on the floor of the room, or being pulled about the bed, as the case may be, all the time being racked with pains and anguish, just in order that some chemise may be changed. What a farce this has seemed to be! She is not to be prepared for a ball or drawing-room; why should she have these unnecessary changes at this distressful moment? Dressing for the event has sometimes the effect of interfering with the progress

of the pains; the timid patient will feel almost as though some sort of execution were about to take place, everybody pulling and preparing, hurrying and looking anxious.

This law may be laid down regarding personal clothes, after the child is born, and respecting the arrangement of the bed: *so long as the patient* may lie comfortable and dry, leave her clothes as they are until an hour or so after the labor is ended. No unnecessary dressing or undressing before, and none afterwards, if you please: she wants as little interference as possible; she has quite as much as she can manage with her pains; she will require rest far more than clean clothes. Be sure she is quite comfortable after the birth has taken place, draw away the wet sheets and waterproof, then let all be quiet and thankful; her best position is resting and recovering. If the draw-sheets and personal clothing have been sensibly arranged beforehand there ought to be very little wet afterwards to cause the patient discomfort. What there is about the hips may easily be covered temporarily or rolled up in a heap beside her for a time; *the patient wants rest above all now.* These principles are applicable to Royalty as well as to the poor. A princess should no more be unduly and unnecessarily disturbed before or after confinement than a laborer's wife, even though she have a hundred night-dresses trimmed with lace to put on. Take care of the woman, and the clothes will take care of themselves. Never mind a soiled garment if it were better that the patient should lie still and rest.

"Who, doomed to go in company with Pain,
And fear, and bloodshed, distressful train!
Turns her necessity to glorious gain."

—WORDSWORTH.

CHAPTER XVIII

SOME ARTICLES USEFUL AT A CONFINEMENT

Though so much depends upon the ability to afford the expense of certain things that are useful or necessary at a confinement, such indications will be given the reader in this chapter as will serve as a guide for all classes of people. Every woman must needs go as far as she feels able in providing the many little things that she may read about or hear of from her friends. There are no hard and fast rules to be laid down as regards either things or qualities. The rich can have what the poor cannot, and it is astonishing, after all, how little some people can put up with.

Binders are very necessary to provide. Two to four in number, they should be made of sufficiently stout material to stand pinning and pulling; jean or towelling is good for this purpose. They should be a little over a yard long and about sixteen inches wide. They are used for the purpose of binding up the mother's body after the birth of the child. More than one is required on account of washing.

In order to secure the binder, safety-pins should be handy, and the larger these are the better. Cheap boxes do not always contain the right sort. Five or six good strong and large ones should be obtained. Nothing annoys a doctor so much as weak little pins, that would hardly hold lace together, much less strong towelling.

Some authors of books for mothers recommend their readers to buy a box of vaseline, or to supply some lard for the use of the doctor. Such things the present writer cannot recommend. The doctor will bring what he requires of this nature. Let the good wife see that her nurse has provided her own things beforehand, while the doctor will look well after himself—or rather his patient. He will be careful to use antiseptic oil or prepared vaseline, and will not require a bottle or box that may possibly have been used before for some skin diseases for all he knows. Offering lard or vaseline to the doctor is distinctly old-fashioned and nowadays quite unnecessary.

Most wives will have heard of antiseptics. They promote what is termed by doctors "*Surgical* purity or cleanness," a term used in distinguishing from mere apparent cleanness. They consist of powders, crystals, or fluids, from which solutions may be made, and these solutions will kill germs that cannot be seen, and purify any uncleanness there may be about, whether of the body, hands, or instruments. Most of them are poisonous, as may be imagined, and some are most deadly. For use in a household, and by the wife who expects a confinement, the less poisonous ones are recommended, because of the possibility of the children getting hold of them, and in order to avoid the accidental poisoning of anyone, even herself; they are also advisable because the burning and irritating nature of the poisonous ones renders them very dangerous to use. Such powerful antiseptics as carbolic acid and bichloride of mercury cannot be recommended for use, either for the nurse or wife herself, unless under the careful direction of the doctor. They should never be used as ordinary homely household disinfectants. They are highly dangerous to use,

even externally, for those who do not thoroughly understand them.

There are several very excellent antiseptic solutions for the wife to have in her cupboard, which are *comparatively* non-poisonous; most of which are quite strong enough, and some even as strong as the most poisonous ones. Permanganate of potash solution is one of these, and may be made from a few crystals of the drug, which should render the water added of the appearance of watered claret to be fit for use; this is quite safe and is a very effectual solution to use as a general cleanser and deodorizer. Boracic acid and water make a good antiseptic solution, and a safe one, though rather mild. Lysol is a very useful antiseptic, and non-irritating in right strength. It should only be kept and used under the direction of a doctor, however.

A slipper bed-pan will be found very convenient; the wife's own common sense will suggest this to her. One may often be borrowed for a week or two if a new one cannot be afforded. Well-to-do people who have gone through severe illnesses are sometimes only too pleased to lend articles for the use of the suffering poor; they remember what they had to go through themselves and are glad to help others when they can.

Sponges are not recommended in the lying-in chamber, except perhaps for hands and face. They are always full of germs. Clean flannel or linen, well washed and boiled each time the pieces are soiled, are better to use for the private parts. Sponges are household articles used for all purposes, and by all people, while pieces of flannel or linen should be taken care of for the use of the patient herself only.

A properly-trained lying-in nurse will be equipped with antiseptics which she should have been taught

the nature and use of. She should never be without them.

Either a douche-tin with tubing, or an india-rubber enema syringe, is a valuable article to have in the bedroom. Douching will be especially referred to in a later chapter. Either of the appliances are liable to get foul; to be safe, therefore, the tubes of the former ought to be new at each confinement, while a new syringe ought to be bought every time, if a syringe is preffered. Old tubes and syringes are dangerous for they are sure to become impure in time; an enema-syringe may have been used previously for giving enemas, for instance. Moreover, such things as these should *not* be borrowed for use at a confinement case, for various reasons. As regards the tube for the vagina, to be used with either of these appliances, the one referred to specially in a later chapter is decidedly the best to have, and it would be advisable to steep it in a permanganate of potash solution for a day or so before confinement, so that it may be perfectly purified, whether it has been used previously or not.

Diapers or sanitary towels may be bought in abundance, and they may be had in all kinds and qualities, some having special virtues. Each wife must supply herself with whatever of these articles she thinks she ought to have, according to her means and station. Washing-diapers for a confinement had better be washed at home, and be well boiled. It is better to be quite certain that they have not been mixed up with other people's things, as they might be at a laundry. Disinfection and absolute cleanliness are imperative in respect to everything that is to come in contact with the private parts of the patient.

When a mother is nearing the time for getting up after confinement she will be allowed to sit up in bed for an hour or so for a few days. This will not be found a very comfortable posture unless the back be supported; then it is quite agreeable, and makes a pleasant change from recent continued recumbency. In order to derive sufficient support she may have pillows packed behind her by the nurse, or better still, have a bed-rest put into position.

"A head to contrive,
A heart to resolve,
And a hand to execute."

—GIBBON.

CHAPTER XIX

THE PASSAGE OF THE CHILD INTO THE WORLD

What are called false or spurious pains are sometimes misleading to a patient, and the doctor is often sent for far too soon on account of them. Certain pains of the abdomen may be perceived or imagined that have nothing whatever to do with the womb; nervous women who are pregnant for the first time are more liable to experience them than others.

There are three stages of labor to be gone through, after the real pains have commenced. The first is that concerned with the opening of the entrance of the womb; the second is that between the full dilation for the child to pass out, and the actual appearance of the child outside its mother; the third stage is taken up by the passage and delivery of the afterbirth.

In the first stage the head presses down upon the entrance of the womb in order to force or wedge it open, and it is helped in this work by certain membranes which cover it; for these lead the way and make the dilatation easier. The membranes also contain fluid constituting a soft sort of wedge which shall make a way for the head. The head would find difficulty in doing this dilating work alone, without the help of the fluid and membranes.

During this stage there will appear what is known as a "show," which consists of mucous fluid mixed with a little blood; it is caused by the rupture of some

small blood-vessels at the womb entrance. As time goes on this discharge wll increase, and will lubricate the passage so that the descent of the child may be easier.

The membranes containing fluid will soon come down through the mouth of the womb, helping to dilate it wide enough for the head to come after. When they have done their work, they at length break by the force of the pains or contractions of the womb, and a gush of fluid takes place, which experienced women and nurses understand and describe as the "breaking of the waters." Sometimes these membranes are so tight that they will not break of themselves, and the doctor must make an opening, in his own particular way, so as to let the head of the child come down. When the mouth of the womb is fully opened, breaking the membranes usually hastens delivery considerably; but such a proceedure will have the opposite effect if done too soon. Indeed, occasionally the child will occupy a wrong position in the womb, and if the waters drain away too quickly and completely, what is known as a "dry labor" will be produced, and the doctor will not be able to manipulate the child so easily as if the water membranes had not broken.

On rare occasions the bag of membranes may come down so low, before breaking, that it will protrude outside the private parts, the head of the child following it; then, when the membranes break, a portion may be left over the child's head: this portion is known as a caul, and when dried is supposed to bring luck to any possessor of it. High prices will sometimes be paid for a "child's caul," and it is especially sought for by sailors, who think that wearing one will prevent them from losing their life by drowning.

After the mouth of the womb has been sufficiently opened, and the membranes have broken so that the "waters" come away, the patient will generally notice that the pains become much more marked, more powerful, and lasting longer. Now the head will come down the vaginal passage, by degrees; every pain, which now lasts sometimes as long as a minute or more, brings it further and further down. In addition to the force of the womb alone, driving down the child, the patient will assist herself in bearing-down, almost by instinct just as anyone would bear down at stool; the breath will be held and every effort will be made to urge down.

While experiencing the "pains" of the first stage, the patient has perhaps chosen to walk about the room, leaning or sitting anyhow she liked best, but in the second stage of labor she should lie on her left side in bed, with her knees drawn right up towards her body. A pillow or something soft should be placed between the knees to keep them from pressing hard upon one another and hurting. If the feet can touch the end of the bed the patient may push hard, and she may pull upon anything she can get hold of to advantage. A roller towel is about the best thing than can be used for this purpose, fastened either to the head or the end of the bed. When the doctor arrives he will judge whether the patient should be in bed or not. During labor, the patient should not leave the room on any account. The bowels or bladder should be relieved in the room, or in another room, but never in a water closet, in case the child should be born there, more suddenly than expected.

Should any desire to stool be experienced while the patient is in bed, the nurse will attend to this. It is quite common for the bowels to move to some extent

during the second stage of labor; they ought not to do so, however, if they have been properly attended to in the manner suggested in a former chapter; but if they do, this should not disturb the patient in the least. The nurse will deftly take everything away, and cleanse the parts without delay. The reader should know that there may be a strong desire to go to stool, however, without the ability to pass a motion. Very often the patient *feels* as though she wants to pass a motion, and there is none there to pass. The pressure on the back passage causes this sensation. The same deception is often experienced in regard to passing water; there may be the desire only, and no water to pass, or it may not be possible for her to pass any at the moment on account of the pressure of the head.

When the head is passing quite low down, there is usually not so much agony felt as at an earlier stage. Though the pains get stronger and stronger the patient feels more satisfied that she is making progress; she feels there is something there which will require all her repeated energy and strength to force out. She shuts her mouth and bears down with fortitude and confidence, feeling certain now that all will be over soon, at the rate the "pains" are working. It is advisable for her to keep her mouth closed, for two reasons: she would be less likely to scream or make a great noise, and more force would be directed towards the work of expulsion while the lips were pressed together and the breath held.

When the head is pressing on the outlet of the passage it will be well for the patient not to be in any hurry if she can possibly exercise any control over herself, especially if the confinement be the first, because a too rapid forcing of the head may cause a tear. A

certain time is naturally necessary for the parts to open without tearing. With plenty of time tears would hardly ever occur. The patient should, therefore, lie perfectly still just before the birth of the head; resting as quietly as possible between each pain, the doctor will comfort her and console her for this purpose; the "pains" will come quite rapidly enough of themselves; now is the time to keep them back a little if they are inclined to follow on too violently.

Should the head threaten to tear the outlet of the vagina, the doctor will endeavor to prevent such a misfortune by various means, and by encouraging the patient to lie perfectly still in order to delay the "pains" as much as possible, so that the head may *gradually* open the parts wide enough. At last the head is forced out; and it generally remains where it is a moment or two until another pain forces out the shoulders and the rest. The doctor will guide the parts through the outlet, and assist the shoulders through if they should seem disinclined to come.

The child's head, when born, will be seen to bulge a great deal on the top and at the back. Mothers will sometimes get frightened when they see this, thinking that the head has been injured, or that it is naturally and permanently deformed. It is, however, only temporarily deformed. A swelling will nearly always occur in this situation on the head; it is caused by the pressure the head has received on its sides; the swelled portion came foremost, following the line of least resistance in its journey down the vaginal passage. The head develops quite a nice shape very soon; the swelling disappears and all prominences round off beautifully in a few hours, leaving no sign whatever that this delicate part of the child has gone through so much pushing and pressing out of shape. As be-

fore stated, the child's head is quite soft when born, the bones not being united, but free even to overlap if necessary. It can be subjected to very great pressure, and even knocks, as in falling, without any harm being done, because the bones are arranged by Nature so. Even if a child should fall on the floor in unexpected delivery, it will rarely be injured.

No two women are alike. Some will make a tremendous fuss over a confinement, while others will go through the ordeal with scarcely a murmur. The contrast thus shown depends upon differences of temperament and physical structure and forces. The highly-nervous will perceive pains and distress quite differently from what hardy and more phlegmatic constitutions will; also the sensible more than the dull; the well-made less than the deformed; the strong less than the weak, as a rule. By way of example, one patient is remembered by the present writer, who refused to endure the earliest and slightest pains without chloroform—she firmly insisted upon having it at the very beginning; she declined to engage a doctor who would not promise beforehand to give it, right from the very first suggestion of a pain. He promised to give it, *if he found it necessary.* That satisfied her. She took good care to find it necessary when the time came, for she threatened to "raise the whole neighborhood" at the very first little twinge, and sent the husband flying for the doctor and his chloroform. He gave it too.

By way of contrast, take note of the following case, which is only one of a large number of similar ones that occur every year—similar, that is, as regards the immediate effects of the confinement on the girl. Mary ———, twenty-six years of age, who had been employed as kitchenmaid for some time, complained

to Jane, a fellow-servant, of being unwell, and went upstairs, saying she would be down again directly. As she did not return, Jane went to her bedroom door, which she found locked on the inside. Hearing a weak and smothered cry from a baby, she knocked, and asked if anything were wrong, only to receive the reply from Mary that she would be downstairs immediately. Jane then returned to the kitchen, followed shortly afterwards by Mary; but the former was curious, and went upstairs again to Mary's bedroom, which she found in great disorder. On lifting the lid of an old deal box she discovered the dead body of a newly-born female child, wrapped in a coarse apron. Returning to the kitchen she taxed Mary with being the mother; Mary admitted she was, and begged her fellow-servant to "try and forget it," and to keep the matter quiet from the people of the house. Jane, however, told her mistress. At half-past eight next morning Jane took up some breakfast to Mary, and on entering the bedroom was astonished to find the bed empty, the girl gone, and the dead child from the box too. Four days elapsed, and nothing had been heard of her; whether she was ever found is not at the present moment known. Neither the mistress nor her fellow-servant had ever suspected that she was in the "family way."

This case, the details concerning which are perfectly true, shows how much some women can bear without making a noise or complaining to anyone. A good deal depends on circumstances, of course; the girl in the above case *might* one day marry and make no end of fuss at her next confinement, having a sympathizing and heart-pierced husband pacing the floor, his head throbbing with anxiety, while the grand-

mother was wailing and commiserating upstairs with her poor, suffering daughter.

The amount of distress a woman will manifest in confinement will certainly largely depend upon the powers of control exercised by those present. Doctors often hear screams before they reach the front door of a house, after being sent for to attend a case of confinement; but generally they will succeed in bringing about peace and quietness in a few minutes, after arriving, by the force of simple mental control. Patients will sometimes scramble and wrestle with their mother or nurse, fighting and dragging all over the bedroom, while they are in labor for the first time, their distracted and patient mother trying in vain to comfort and control them—the nurse being absolutely useless, it might be through ignorance or idleness. But when the doctor comes he controls all this disorder by the mere influence of his well-chosen words; one way or another, he will succeed in persuading his patient into a state of comparative quietude, helping her and giving her confidence. While shortly before she was wild, unreined, and almost mad at the mystery, agony, and uncertainty of it all, when the doctor arrives and gives her words of consolation and comfort, she feels she has someone she can depend upon to guide her through her trouble and anguish—someone who can do more for her than either her mother or the nurse.

Having brought peace and quietness, the doctor gets his patient to bed if she be not already there; he "tries a pain" by digital examination, having regard for the feelings of the sufferer and keeping her covered as much as possible. He then looks for everything that should be provided, and inquires if things are warm and aired for use. He puts the patient in

the best position, and instructs her as to the best way of managing "pains." He tells her that she should rest absolutely between the pains.

When the child is born the mother should take breath and rest a while. She should not trouble about the baby; the doctor and nurse will see after that now. "It is a girl!" Let the mother lie still for a time. The doctor will not wish anyone to hurry particularly; it is not necessary to do so; he knows that haste causes excitement, and that this would upset the patient and everybody else; he also knows that it is so often the cause of many mistakes and much clumsiness being shown. The baby will take no harm; let it kick and squeal if it likes; it will do it good. Slowly and well, the doctor will now tie the cord which unites it to the after birth—which still remains in the mother, remember. The baby can then be taken by the nurse to be kept warm in flannel until it is washed. Pull away the chief wet things near the patient; roll the slightly soiled out of the way, and leave her to take absolute rest now, after offering a drink of milk-tea.

Nothing should be done to the mother at all for fifteen or twenty minutes, provided she is comparatively comfortable, lying still on her side. She will enjoy the relief from so much work and pain about the body. The afterbirth has not come away yet; it should be allowed to take its own time, and not be drawn away directly the child is born. There is no hurry.

The afterbirth, which some mothers will have perhaps seen when they have been present at the confinement of some of their friends, is about the size of a pudding plate, thick, shaped like a large bun, and it has skinny membranes adhering to it, which seem to

be drawn and twisted together on one side of it, forming a spiral cord about the thickness of one's little finger—the cord which the doctor has tied and cut with scissors after the child was born. This afterbirth is detached from the inside of the womb during labor, and it will come down, shortly after the child is born, into the vagina, folded upon itself, in due time to be forced outside. It should then be put into the chamber placed under the bed beforehand for it, after being examined by the doctor to see that all has come away.

Very often the afterbirth does not come away by itself, even though the proper time has been given it, twenty to thirty minutes; then the doctor will abstract it without much trouble. Mothers often worry about the afterbirth before it has come away, thinking either that the worst has still to be gone through or that it is fixed inside the womb. But very rarely does the doctor have any difficulty in getting it away. Now and again some adhesion will occur, but not so often as women's friends sometimes tell them. If the doctor does not happen to be present at the time, or if a midwife has been engaged, and there is any difficulty with the afterbirth, he should be sent for at once. On no account should the cord be pulled upon, or any manipulation or penetration of the parts made, by anyone else but him. Sometimes nurses and midwives have broken this rule; they have torn away the cord and jeopardized the life of their patient. If the cord is thus broken the best guide to the position of the afterbirth is taken away, and the doctor will have much more trouble in getting it away than he would if it had not been previously clumsily dealt with.

A drink of tea or gruel may be given during the stages of labor. Vomiting is very common during

the second stage, but it need not alarm anyone: it may be inconvenient, but, if anything, it has more advantages than disadvantages, for the patient progresses more definitely afterwards, as a rule. A few sips of water or soda water may stop it. Stimulants had better not be given unless the patient be ordered to take them specially by the doctor, on account of collapse due to loss of blood or faintness.

Midwives and nurses are very rarely much good at managing a patient or instructing her as to "pains." They usually encourage a patient to help herself at the wrong time, imagining that urging and forcing all the time is necessary. The thoughtful will understand that no woman can work and strain all the time. Were she to attempt to do so she would soon be exhausted. The time for her to help herself by bearing down is when a pain comes. As soon as it goes she should be perfectly still, saving herself for the next. She should not even talk—much less should she discuss other cases which the nurse is so fond of telling her she has assisted in.

Only a doctor should "help the pains" by internal manipulation; *neither midwife nor nurse should ever put their finger inside a vagina.* Nor should anyone but a doctor use pressure upon the abdomen in labor, for no one but he can possibly know just how to do it—no one else has had his scientific training. Others are bound to make mistakes, if ever so little. If a doctor is not there, the less manipulative interference, by either a midwife or nurse, the better. After the child is born the women may be of considerable use—in their place.

The time a labor will occupy will vary greatly according to circumstances. First confinements are usually much longer than others that may occur after-

wards. But a first may be shorter, if normal, than a second if the child is in a bad position. A wife must not be disappointed or alarmed if she is going on to even twelve hours in her first case. No woman can tell how long she will be, and no nurse. A doctor can gauge fairly accurately after he has made an examination, but certainly not before.

Most doctors will direct that a binder be placed round the patient's abdomen after delivery. Some, I am sorry to say, do not trouble about them, or do not think they are of any use. I observe the best practitioners are those who apply the binder themselves, making certain that it is properly and comfortably applied. The best time to put a binder on is immediately after the afterbirth has been taken away, when the patient has been moved in the bed. Let alone the opinion many hold, that the binder helps to restore a woman's shape after confinement, there can be no gainsaying that in most instances—in practically all—she will find a binder a most comfortable support when firmly applied. She is sure to feel somewhat flabby and weakened about the body, and a binder will give her the sensation of being nicely supported.

The well-to-do can have nicely-fitting abdominal belts if they like, which can be kept for any number of confinements—notwithstanding the ever-recurring resolutions that a future occasion will never come, and that the old belt may just as well be burned.

The doctor will feel the pulse of his patient and otherwise see that she is right before leaving her. In an hour or hour and a half after the doctor has gone, the nurse may change the patient's personal clothing should it require it.

If the child have been born before the doctor ar-

rives, as may well occur if the labor has been unusually rapid, then a nurse who understands tying the cord is a valuable one, and if she be one who does not lose her head in any way, little harm will be likely to come to either mother or child for at any rate an hour or so. By this time the doctor is almost sure to have arrived.

Neither a midwife nor a nurse should ever attempt to abstract an afterbirth if it is not expelled externally by natural means. Above all, she should never pull on the cord. A doctor should be sent for if the case is one in which a midwife has been retained.

The doctor will use antiseptics to ensure perfect *surgical* cleanliness throughout; the nurse also should have used them before going near her patient. Antiseptics are used after ordinary cleansing, or as a part of ordinary cleansing, to make certain that no poisonous germs are about the parts of a lying-in woman. Ordinary washing might not be enough, so antiseptics are used to make certain. Everything—clothes, instruments, hands, that may go near the parts of a lying-in woman—should be germ-free. This will bear repeating.

A patient should not be bothered by visitors during the first twenty-four hours after labor is over, not even by her near relatives. Her husband may look in for a moment after the bed has been arranged and everything appears in order; but he must go away again after the usual simple greeting and congratulating. *He* can do no good. For a week after labor only the nearest and dearest friends should enter the lying-in chamber, children being only permitted to look in for a few minutes at a time to see baby and mother—if she has any other children—for quietness and avoidance of any excitement is necessary for a

time. If any friend should seem inclined to stop too long, then the nurse can easily find some excuse for asking her to retire, and she has always "the doctor says" to fall back upon in a matter of this kind, and she knows the doctor never likes visitors to stay too long, curiously questioning. Visitors may be a great advantage or disadvantage to a patient, according to circumstances; they may cheer up and do good, or they may irritate and excite a person. Other mothers make the best visitors, for they know thoroughly well all about these lying-in events; while curious spinsters, district-visitors, or wives who are barren are the worst, because they are, in a sense, unsympathetic, incompatible, uncongenial, innocent, disappointed, and comparatively uninteresting on such an occasion.

After the patient has had about an hour's rest from the time the afterbirth was taken away, the nurse can begin to think about a change of personal and bed-clothing for her if need be. Quietly and carefully the mother can be moved so that things are slipped off and others on again; nothing should be done roughly or in haste; there is any amount of time. Diapers can again be changed and plenty of others warmed ready for use. The nurse need not trouble to completely wash the patient yet; it is not at all necessary. Nice fresh clothing is all that is required just now, for the patient's comfort and contentment. Of course the nurse will at the same time—and this is the proper time—moisten all the private parts of the mother with antiseptic solution on clean new flannel or lint. No sponge. And all appearance of hæmorrhage should also be cleared away from the buttocks and thighs.

The mother is now rested, and she can take an interest in herself, turning over in bed cheerfully and

with some power of her own. Baby has been washed and dressed, and the mother much wants it in bed beside her, to warm it and fondle it, for never will she feel the thrill of motherhood and the glee of being in possession—of a portion of herself that is to grow and become one like her—as she does now. There is a sense of precious belonging and owning now present which only the mother with her new-born babe can possibly know. No riches, no parcel of jewelry could be priced and embraced like this little one; pink and pure, sweet and innocent, more of herself but partly of her husband—"Of such is the kingdom of heaven."

"Not in entire forgetfulness,
And not in utter darkness,
But trailing clouds of glory, do we come
From God, who is our home;
Heaven lies about us in our infancy."
—WORDSWORTH.

CHAPTER XX

THE DOCTOR'S DUTIES

One of the first things a doctor will do when he visits a woman taken in labor is to "make an examination;" but before doing so he must needs attend to two important things: he must previously cleanse and antiseptic his hands, and he must see that his patient lies in the proper position in the bed for an examination. Sometimes he will take his coat off soon after entering the bedroom, but he may wash his hands without, if he likes, however. Wives should not imagine that he is going to do something dreadful just because he takes his coat off. Some are known to have been afraid of this procedure. Now he wishes to make certain that his hands and nails are clean, even though he may have washed them shortly before, and therefore he dips them in a solution ready made after his own fashion, by means of antiseptic tabloids, so that no germs or microbes shall be communicated by his hands to the parts of the patient. It would be well if nurses and midwives, as well as wives themselves, realized how careful doctors are about their hands when attending confinements: they always make quite certain that they are absolutely purified before they touch a patient.

While the doctor is thus preparing himself he will take thought for the various appliances and things necessary for use, and will generally ask the nurse if

she has this or that in the room at hand. Then he will turn particular attention to his patient, and if she be walking about, he will try to learn the progress she has been making by asking a few questions. Sometimes he will be able to judge, without making an examination at once, whether the patient had better remain on her feet a while or go to bed. When he thinks she should go to bed he asks her to do so, indicating the proper position she should lie in. She will turn over on her left side and remain near the right edge of the bed, having her head lying comfortably on a pillow. She must not be in the middle, or on the other side of the bed, because the doctor could not reach her there. He must always make his examinations standing on the right-hand side of the bed, and with his right hand; therefore this position of the patient is very necessary. The patient being on her left side, must also draw up her knees, so that the doctor's examining right hand may readily reach the parts concerned.

Simple examinations during confinement should always be conducted while both the patient and the doctor's hand and fore-arm are *entirely under the bed-clothes*. It is important to observe that no exposure of the patient is made unless necessary, and it is in most cases not at all necessary until the child is appearing. The doctor will deftly pass his hand under the clothing, and by means of his touch—which by practice is most accurate and unerring—he will be able to tell the state of the parts and the position in which the child lies. It is surprising to most women how quickly, quietly, and skilfully these examinations are made.

The patient's feelings and comfort are most carefully studied all the time, so that any unpleasantness

may be reduced as much as is possible under the circumstances. A doctor quite understands how a woman will feel in such a condition, and he will diligently seek to lessen the disagreeable nature of his interference as much as he is able. He is humane, considerate, and a gentleman. The patient knows he is there to help her, and the distress she is in generally makes her quite thankful for his presence, for she understands that no one else could do what he can to help her out of her suffering: he is the greatest friend in the world to her now, indeed a friend in sore need.

After examining his patient in the manner above indicated, the doctor will be able to judge not only the way in which the child will be born, but the probable time it will show itself in the world. Both these bits of information will have their value; they will enable the patient to take courage and to cheer up, if they are favorable; for if the child is to be born soon, everyone will be glad—and even if later, then there is some satisfaction in the knowledge that it is on its way and coming as it ought to do—but they will also allow the doctor to decide whether he may go away for a time or not. He may be a very busy man, and have another case of confinement to which he would like to hasten and attend, and if the first one is likely to be several hours before giving birth, then there is no reason whatever, in a great many cases, why he should not leave her. He will always use his own careful judgment; if he thinks the patient will go on quite satisfactorily for a few hours, and should go on without any interference or assistance, then he will retire. Sometimes his presence might even be disadvantageous, as mentioned in a former chapter; there are patients who go on with their pains better when

left alone. He will be able to determine by examination and questioning exactly how quickly the labor is progressing and how long he may safely leave his patient.

Many cases require the constant attendance of the doctor, and he may, therefore, necessarily remain a very long time in a house with his patient, should she manifest dangerous or even slightly abnormal symptoms. Many weary night-hours has the doctor had to wait patiently over the bed of a woman who has given indication that "things are not quite right." Perhaps, after a heavy day, he may be called up at midnight out of his bed, and will not return to it again till the same hour the next night; watching, waiting, helping, comforting, he will remain at his post, tired and worn out, but not showing it, remaining cheerful and dutiful. One half of the world knows not the doings of the other half; and it is very certain that few know the hard and heroic work performed by doctors when others are at rest; few dream of the amount of self-sacrifice and hardship nightly displayed by these devotees to their work—while they have to *appear* cheerful, as though they had neither worry nor care. A hard-worked doctor is the hardest-worked man on the face of the earth; mentally and physically he is often driven to his very last particle of energy; and he never experiences the intervals of freedom and peace which those following most other employments enjoy. No other human employment will lead as quickly to bald heads and grey hairs as that of the general medical practitioner.

Cramps in the limbs may bother the patient; these may, however, be relieved to a great extent by moving the legs slightly, now and then, and by keeping them well separated with something soft placed be-

tween them. The sensation will sometimes be entirely due to pressure on the nerves, higher up, and may in this case only be relieved by the termination of the labor pains.

The doctor will know whether instruments are necessary to help to bring the child into the world. It is only natural for some patients to have a strong aversion to such means of assistance, but no patient ever knows what is the best to be done; only the doctor can determine, and he is there to advise what he thinks necessary.

Instruments are formidable weapons, but the value of them, and the simplicity of their use, is quite incalculable. Beautifully made, they enable a child to be born which might not possibly see the light otherwise, and thus they save lives innumerable. Some kinds of instruments can be used without chloroform being administered, the patient not receiving much extra pain; but there are other kinds which necessitate previous deep insensibility before they can be manipulated to advantage.

The commonest instruments used are known as forceps; these consist of two blades which are passed on either side of the child's head, not hurting it in the least, but when pulled upon, merely helping to bring it down the passage. The mother need not be afraid of them if she should see them, for they are not half so terrible as they appear. Patients have been known to shudder at the sight of them, and to lose heart. They may possibly leave a mark for a few hours on each side of the child's head; but this will very soon go away, and Nature has so fashioned the infant that no harm is done even though a good deal of force has been found necessary to bring it into the world. Mothers naturally do not like to see the little thing's

head apparently hurt, but they very soon find that it is not *really* so.

In more serious cases of obstruction during labor, the child's head will possibly require to be diminished in size by instruments, and this of necessity will hardly permit it to live when born. It may be unfortunate when this procedure is found imperative, but one must not lose the mother's life whatever may happen. Some wrong positions of the child will be met by what is known as "turning"; when the child is wrongly placed within its mother's womb, and when instruments would be of little use, the doctor may have to insert his hand and part of his arm within the womb and vagina, in order to bring down the child's legs, and so enable it to be born without delay or further risk to the mother. This may seem a dreadful thing to have to do, but doctors are able to use their hands so deftly and skilfully that usually no harm is done to either mother or child in such cases.

Should the passage or outlet of the mother be so small, or, on the other hand, should the child's head be so large, that a tear in the perineum takes place. then the doctor will perhaps find it necessary to put in some stitches, so that it may heal rapidly and leave no deficiency afterwards. Very small tears will unite of themselves, and only require rest and antiseptic cleanliness. Stitches are very easily and quickly inserted, without much pain being felt by the patient, because the parts are already numbed by so much stretching. If the patient has been under chloroform during the labor pains, then she is usually stitched before she quite returns to consciousness, and she therefore feels nothing of the operation.

Neither the doctor nor nurse will douche the vagina after an ordinary labor. The moistures about

the passages are quite pure, and nothing is wanted further if the patient be healthy. After much use of hands or instruments in a complicated labor, douching may be advisable. Nor will the nurse douche the patient at any time unless instructed by doctor for a particular reason.

"The doctor's duties deftly done,
Life's wonders—see them, now begun!"
—STOWELL.

CHAPTER XXI

SELF-CONTROL OR CHLOROFORM?

How did the parturient woman manage before chloroform was discovered? She could not have gone through childbirth so very badly. One is naturally disposed to argue, therefore, that more chloroform is used nowadays than there need be. Certain things become the fashion, and taking chloroform in confinement almost seems to be one of these. Most women know that under chloroform it is possible to go through a confinement and know nothing about it; many therefore think that they ought certainly to have it administered to them. But the question is: Ought chloroform to be given as often as it is on this account? Are there any disadvantages arising from its administration? Ought women to have chloroform just whenever they like to ask for it? The present writer will answer No, to the first and last of these questions, and Yes, to the second one.

There are times when chloroform is positively invaluable—when certain instruments are used, or when the labor is one that affects the patient quite unusually—or still further, when the patient is quite out of the normal in respect to her brain or nerves. But in ordinary normal cases it is absurd for a patient to wish for chloroform. Some readers might be inclined to think that everything should rest with the doctor; he, of course, would decide whether chloroform should

be given or no. But many women will insist upon having it, no matter whether they think it is requisite or not, and they will only engage a doctor who will consent beforehand to give it. Such women have heard from their friends, who have declared they "never felt anything" under chloroform, and they are therefore anxious to go through the same comfortable kind of thing.

The rule given in the present writer's book on "The Practice of Midwifery," concerning the administration of anæsthetics, is this:—"They should be employed in all cases where the doctor considers that the *ultimate total* results that will accrue *to the patient* will be better than they would be without them." It ought not to be a question whether *the patient* would like them or no, for what can the patient know? The doctor should be the one to decide; surely he will do the best he can for his patient, when the same procedure is also best for himself! If the patient would make better progress under chloroform, and if, altogether, she would benefit by it, he would certainly give it. He himself *also* profits by favorable results, remember.

There are some very distinct reasons why chloroform should not always be given just when the patient likes to ask for it. It gives much greater trouble to the doctor; not that he minds trouble when he is paid well, *but the administration is bound to be conducted at the expense of other useful and salutary assistance he might be giving at the same time;* that is the point. A doctor cannot be doing everything at the same time; if he be giving chloroform he cannot watch the progress of the labor so well, nor will he be so ready to save a perineum from rupturing should the pains be too urgent. It would be all very well if women could

afford to have two doctors; perhaps chloroform might be given more frequently then; but this book is intended for a large number of women who can only be attended by one—unless complications should unfortunately necessitate two.

Women should endeavor to go through an ordinary confinement without chloroform—most certainly. Once had, always wanted; until some are led to think that they could not live through a confinement without. Anæsthetics in quantity will cause a feeling of sickness and illness afterwards, which will render the patient liable to recover from the confinement more slowly. They may also be the indirect means of hastening a confinement when it should not be hastened, for the doctor might think that a case would not go on satisfactorily if he continued to give chloroform for any length of time, and he might decide to get "the whole business over" by using forceps. Taking into account one thing and another, at the same time that he is giving chloroform, he may think it better to bring matters to a rapid and painless end; whereas, if his patient had not clamored for chloroform, and had been content to leave matters to Nature, no instruments need have been used and no parts unduly injured or bruised.

A woman was once told by a doctor, whom she was engaging to attend her in confinement, and who was asked at the same time to give chloroform, that she should certainly have chloroform if that were found necessary. She went away rejoicing that she would have it again, for she had had it in her four previous confinements under another doctor who had died, and she was determined that this new one should find it necessary. When the time came, however, he managed her so well with firmness and kindness, and en-

couraged her to exercise such self-control, that she went through the confinement beautifully without chloroform, and she was surprised afterwards how trifling the event was compared with what she had supposed. She admitted that she felt so much better afterwards, and seemed to recover more quickly than she had done on former occasions.

When the doctor finds that chloroform is necessary, the woman in labor need not be in the least afraid of it, as some are. It is perfectly safe; much safer than when used for ordinary operations. *When the pains are really abnormally distressing, or when the patient is unduly sensitive and cannot help being so, then the doctor may think it advisable to give whiffs whenever a pain is present, taking it away again between each one.* And if instruments are necessary, the deepest insensibility may even be safely brought about. The pains are not to any great extent lessened in their effect in most cases, by chloroform; they go on just the same; but they are not in the least perceived when deeply under the influence, and they are only partly felt when a little under.

There can be no rule answering whether chloroform shall be administered or no. Every patient will have a right to demand whatever luxury she is willing to pay for. Kindness and skill on the part of the doctor will do a great deal towards securing a comfortable time for the patient, in any case, and it should be realized that such attributes are of the nature of very powerful anæsthetics themselves.

"Sleep—O, blessed deliverance!
Twice blessed, induced mystery,
When sighs and suffering pray."

—HUNT.

CHAPTER XXII

SOME DIFFICULTIES EXPLAINED

If a woman be pregnant with twins, she will probably notice, or her friends will, that her size is extra large; but the mere size of the abdomen will by no means always indicate the presence of twins; it may be due to other causes. Also the fact that twin children are nearly always less in size than single ones, shows that in many cases very little difference may be observed in the size of the pregnant abdomen. It is a fact that twin pregnancies are usually found out after the birth of the first child, as a rule; the womb is still observed to be large after one child is born, and it is only then that the presence of another is suspected. If the doctor should have had occasion to make an examination of his patient, whether during the early months of pregnancy in order to settle the question whether she is pregnant or not, or at the commencement of labor, in order that he may learn the position of the child in the womb, then he would, of course, find if there were more than one there; otherwise he would discover the presence of the second child in the womb after the first had been born, his suspicions being then aroused by the size of the abdomen and perhaps also by the fact that there seemed to be something unusual about the behavior of the afterbirth. The wife can never tell for certain whether she is carrying twins or not; only the doctor can tell before the birth, and he will be able to do so by listening for

the beat of two hearts, or by manipulating his patient's abdomen and feeling the two there from the outside.

Many women imagine they are carrying twins when they have really only one within them; but a far greater number never dream of two, and then get them. Only about once in 75 cases do women give birth to twins, and about once in 7,000 they bear triplets. There are cases on record, however, in which women have brought forth as many as five at a birth. When more than one are born, they are smaller and more feeble children, as a rule, and very often death occurs to one, or each one, soon after birth. Sometimes one is much larger than the other, or others.

Though there is generally little difficulty experienced in bringing the two into the world by the mother, unaided by special means, in a twin labor, the first being small and preparing the way for the second, it now and then occurs that the womb has not the strength to express the second child, on account of the extra strain which has been put upon it by the presence of two instead of one. Therefore instruments must occasionally be used in order to deliver the second child. As a rule the second is born quickly, because the passages are open; if the patient be left alone after the birth of the first, in an hour or two the second will almost certainly come of itself. Very rarely, however, if a doctor have not attended the case, the second remains a day or two. The afterbirths may come away when both children have beeen born, or one may follow after the other, according as they happen to be separate or united together in the womb.

It is a great mistake for women to ever anticipate the bearing of a deformed child. She should invariably expect the best.

It may be worth reminding the reader that hæmorrhage may be severe in the case of twins, and if a doctor be not present, the midwife had better be a very capable and self-possessed one.

When a child is passing down the passage from the womb properly, in labor, its head is forced onwards in such a manner that the smallest and most cone-shaped portion of it goes first. The head moves and turns in such a remarkable manner, to agree with the curved inner surfaces of the pelvic cavity and the vaginal passage, that the upper and back portion of it is always directed towards the outlet; being the smallest, this part of the head is therefore the best to lead the way, and so open out the passage. Let this comparison be made, that if a person wishes to pass a pigeon's egg out of the mouth, the broad side of it would not be offered to the lips first, but the small end, for so it would come out easier.

There is a right way and a wrong, even for a child to come into the world. Sometimes the head will get turned in the wrong direction, either before starting down on its journey or while going through the passages. There is certain to be some delay if this occur, and the doctor may require to use instruments in order to effect delivery. It has been pointed out in a former chapter how the bones of a woman in labor may obstruct the head of the child in its passage, and how it is necessary to reduce the size of its head in order that it may be abstracted through the natural passage; bone deformities may deflect the head to a considerable extent, placing it in a most unfavorable position, and rendering a natural birth quite impossible. If the reader could only make a study of the beautiful mechanism of labor, as doctors are obliged to do, she would then know how marvellously she is

built in the region of the pelvis, and how wonderfully her child is fashioned to agree with her own anatomy, that all may render birth as easy and safe as possible.

But not only may a child's head be placed in a wrong position for passing in labor; the whole child may be upside down, the legs and buttocks in a position for making their appearance in the world first. The reader may take it as certain that if any part of the child should first present itself which is *not* the head, then there will be much difficulty and delay in the labor. The head is the most suitable portion to come first; it is so designed by Nature; round, somewhat hardened, yet capable of yielding on every side, it is shaped exactly suitably and perfectly. Anything else but the head coming first is bound to act as a comparatively poor leader and guide.

When the breech—as the legs and buttocks are termed—presents, plenty of time must be given for the mother's parts to dilate. The legs of the child are doubled-up on themselves when it is in such a position, and the breech is pushed onwards by degrees, bringing the legs into a position that may be reached and pulled down by the doctor. The child may be born by itself in this position, however, after a long time; but it is far better that the doctor should help it down by getting hold of the legs and gently pulling upon them. The head, which is the part to come easiest when it is foremost, is, in a breech case, the very part to come away with the greatest difficulty. The doctor will be obliged to exercise a good deal of skill in getting the head out, manipulating it in such a manner that no injury may be done to the neck; the reader will quite well understand that the coned back of a child's head could be pushed through an aperture comparatively easily, but that upside-down the jaws

and base of the head would prevent its being drawn through anything like as easily. Midwives ought never to manipulate in the case of breech presentations. I have seen cases in which the legs have been pulled upon unskillfully and untimely, *tears of the inner parts resulting* which have done grievous and lasting injury.

"Shoulder" or "transverse" presentations are the least likely of all to end satisfactorily without assistance from a doctor. In such cases—which are spoken of by mothers as "cross-births"—the child has not occupied the usual position in the womb, with its head down and its legs folded up, but has become horizontal, having its head to one side of the mother and its legs to the other. In this condition, after the mother has been in labor a long time, one shoulder will get forced down into the passage, and an arm will even protrude, if the doctor have not seen the case early enough.

Having found that the child is lying in this crossed position, the doctor will find it necessary to effect what is kown as "turning." He will alter the position of the child, so that the legs may come down first and the rest afterwards, the head coming last. Although the head is the best part to present first in the ordinary way, in the case of turning a cross-position it will usually be easier to bring down the legs first. Midwives will wait too long sometimes before they send for a doctor in such cases; when a labor seems tedious, they will often wait and wait, until an arm may be actually protruding when the doctor arrives. Of course, the longer such cases are left to themselves, the more difficult will it be for a doctor to put matters right and deliver the child; and the more dangerous will it be for both mother and child.

Crossed presentations occur in about one in 150 or 200 cases. The cause of the displacement cannot always be made out, but deformity of the pelvic bones is a common one; probably some severe fall or jolt may be the means in some instances.

If a labor promise to occupy a long time, then there are certainly faults somewhere, either in the mother or in the child. The mother may herself be either deformed, or not have sufficient strength; or the child may be deformed or wrongly placed within the womb. The consequences of great delay may be serious, and bring considerable risk to both mother and child. After being in labor for a long time without giving birth to the child the mother will eventually become exhausted. She may even die after a very long time. Such an unfortunate occurrence is only likely to happen, however, in districts or countries where doctors are either very scarce or cannot be procured at all. The womb in time loses its power; the greater the resistance presented to its action, the greater will be the contractions to overcome such; only up to a certain time will it continue laboring, however; it will begin to fail in its work ere long, and then the child can only be born after skilled assistance has been rendered.

There is not so much danger likely to follow long delay before the "waters have broken" as there is afterwards. It is *when the head of the child is being forced through the vaginal passage* that delay will cause most harm. Such delay will always be prevented by the doctor, if he is called soon enough; he will readily deliver the child by means of forceps.

General debility in the mother will possibly lead to what doctors call inertia of the womb—that is, a loss

of power in it. Poorly-fed women, and those who have suffered from a succession of illnesses, will often require the doctor's special and perhaps instrumental assistance, on account of absence of "pains." Over-distension of the womb, as by complicating abnormality, will also render it deficient in strength.

A tedious—or even impossible—labor may also be caused by an unusually large child being developed in a small mother. If the disproportion be so great that the child cannot be born naturally, through the proper passage, or if the doctor should consider that all other methods of delivery would not be likely to give satisfactory results, under the conditions present, then he is justified in performing an operation previously mentioned, namely, the name of Cæsarean Section, in which an opening is made in the front of the body below the navel, through which the child is taken.

In the proportion of about one in 2,000 deliveries the fœtus will develop an unusually large head, through "water coming on the brain." This will naturally cause delay in labor. Sometimes the water will burst away under the strain of "paining," and the labor may then proceed, but very often the doctor will find it necessary to puncture the head and let out the water before delivery can be effected. It would be a very good thing if the child should die, under these circumstances, either of itself, or on account of the operation, for it really ought never to be permited to develop into an adult with a head of this kind.

"Light will repay
The wrongs of night;
Sweet Phosphor bring the day!"

—QUARLES.

CHAPTER XXIII

THE FEW DAYS AFTER LABOR

Before leaving his patient the doctor will congratulate her, and promise to pay another visit in a few hours' time, to see how she is progressing. He will turn to the nurse and tell her to be sure and let him know at once if there is too much hæmorrhage. He will return in about six or seven hours' time, if he can do so conveniently, and the mother will expect him, for she will wish to be satisfied that all is going well If the confinement has taken place late the night before, he will visit his patient the following morning. He will have given instructions about diet before going away, after the birth; and on his first visit afterwards he will give further indications, supplementing his instructions every day that he calls, according as he thinks fit in each case.

The food after confinement should be quite light; heavy food is not necessary for a patient lying in bed, and it could not well be borne; it would also tend to increase any little feverishness that might occur, either on account of a difficult and protracted labor, or on account of the mother's milk secretion. A milk diet is the best; boiled milk and bread, oatmeal gruel, plain biscuits sopped in milk, tea and toast, may be taken the first two days. If the patient should appear to be very well in every way a boiled egg may also be taken

on the second day, or a little boiled fish with bread. She will not starve on low diet, and will make up for any loss very rapidly later on. On the third or fourth day, all being well, a little chicken, or a small helping of meat with vegetables, could be taken. After this the mother may return to a plain ordinary diet. The doctor will give instructions regarding any special diet, according as he finds it necessary, each day. Any feverishness or trouble with the breasts may require special dieting and medicine. As regards the temperature of food, a good rule is that nothing very hot and nothing cold should be taken. It was formerly the custom to starve a patient confined, for eight or ten days, but now we consider such a procedure quite unnecessary.

The amount and kind of stimulants that a woman should take after labor, and during the following months of lactation, will depend very much upon what she has been accustomed to previously. After labor she should take less than before, and of a lighter kind; none at all the first three days is best for those who can do without; should there be great weakness and exhaustion following, alcoholic stimulants may be given quite as a medicine and without delay. But it is a dangerous idea for a woman to possess that stimulants are the best and only thing to resort to whenever she feels weary and worn out, for they may take such a hold upon her as may be difficult or almost impossible to shake off. They are all very well in their way, but the indications must always be carefully distinguished and limited.

Women who never take stimulants at ordinary times may possibly require medicinal doses on the advice of their doctor after labor—it may be on account of loss of blood or general debility; but if one

were to judge from observing a large number of cases, normally constituted women who take none at all either before, during, or after a favorable confinement are the most fortunate of all. Those who do not want stimulants; those who are not advised to take them, are to be congratulated; they have much to be thankful for. The doctor's duty is very difficult to perform in the question of taking stimulants. He so often finds it necessary to fight popular and uneducated opinion—to the end that he may succeed in making himself objectionable. It is not uncommon for patients and friends to act on their own opinions, notwithstanding, in the case of "taking a little drop of stout," whether it might be scientifically necessary or not. It will be almost hopeless for a medical man to forbid stimulants while so many friends around advise that they themselves formerly derived so much benefit from them.

The doctor will inquire whether his patient has passed water when he pays his first visit after the birth. Probably she will have done so within four or five hours. Should any difficulty be experienced, the best way to perform this necessary function is for the patient to turn over on her hands and knees—not rearing the body up at all in the erect posture to cause weight or pressure downwards—and to have the bed pan passed under her. The patient should on no account leave the bed or assume the upright position; she should remain as horizontal as possible for the reasons given in Chapter X. If the doctor finds that water has not been passed he will give instructions accordingly, or, if necessary, he will draw it off himself quite easily and comfortably, by means of a little tube which he has for the purpose. Only rarely is there much difficulty in passing water; possibly there may

be after a first labor which has caused a good deal of bruising and swelling of the parts.

Sometimes what are named "after-pains" are rather troublesome for the first day or two following labor. They are caused by intermittent contractions of the womb. This organ will rapidly diminish in size after delivering its contents, and it will do so by the intermittent compressing together of its walls; thus it will harden so much as to be easily felt from outside, softening again to some extent between each pain and diminishing in size by degrees. Every woman must have these "after-pains" to a certain extent; they are quite necessary, and they indicate the satisfactory closure and reduction in size of the womb, as well as its power to expel any blood clots that remain. They are not usually noticed much or complained of unless severe, and they are likely to be the most severe the larger the clots are to expel. They are often found to be more severe also when the pains of labor have not been strong, curiously enough, or when the womb has been distended larger than usual.

Women should be encouraged to bear a certain amount of "after-pains." Nothing will help them like time; they will soon disappear; Nature must perform her difficult and perfect work, and she must have time to do it; medicines may hasten in some instances, and in some ways, but they will generally give some untoward results in other directions. Pain killers, for instance, may be all very well in their way, but they sicken and reduce the general health unless taken mildly. The doctor will prescribe harmless draughts if the "after-pains" are really very severe, and especially if the patient's rest be interfered with; but he will consider that the less medicine of an opiate or

narcotic nature the better, in all cases, if all round rapid recovery is desired.

The mother need not expect much milk in her breasts until the third day in the case of a first confinement—if she be anxious to feed the child on the breast, and she ought to be—sometimes both she and the nurse are too eager to find a good supply on the first or second day. If there have been previous confinements the milk will make its appearance earlier, possibly on the first day.

The patient should remain in bed for not less than ten days, whether she seem well enough or not. No greater mistake could be made than getting up too soon after childbirth. It often results in a falling of the womb, a condition that is rarely ever recovered from completely. Once a womb comes down, though it may be put back again by the doctor, there is always a tendency for it to come down on some future occasion, whenever the mother gets low in general health, for instance. It is true that when it is placed back in position early, and kept up by an instrument for a time, there may be little trouble with it in the future; *but it is much better that it should never be allowed to come down at all.* The reader should turn back to Chapter X., and read once again carefully, if she wish to learn, the reason why time is well spent in bed after childbirth. Recovery must be gradual; it cannot be hastened to any appreciable extent by any means whatsoever. If after ten days in bed the patient seems sufficiently well she may get up and loosely dress, in order to sit in an easy chair an hour or so the first day. The length of time should be increased a little each day. She should not dress and go about as though she had been just released from some meaningless bondage, but should commence the second

period of treatment for recovery, that in which the legs are only used just to walk about the room and no more. If hæmorrhage should occur afterwards, or any other condition that requires further rest in bed, her doctor will delay her getting up for a day or two, and adopt treatment accordingly.

The question of the bowels after confinement must be considered. If they do not move of themselves, on the morning of the third day a dose of castor oil, preferably, should be given in milk, coffee, or some tasteful drink, and taken—a tablespoonful, more or less, according to the usual disposition of the bowels. If this should fail to act, an enema should be administered. Pills are not good, and usually act unfavorably on the infant. After the third day the diet should be regulated so as to ensure regular natural daily motions. If the mother cannot suckle the child, then the kind of opening medicine taken is not material. A bed pan should be used for movement of the bowels.

The reader has been repeatedly reminded in foregoing chapters of the fact that the recumbent posture is valuable as a curative measure, at several periods of a woman's existence, and she has also been informed the reason why it is so. And now it will be easily perceived that the time when this rest-posture is the most valuable of all must be after labor, when there is so much flabbiness and disarrangement of parts—and when tears may have taken place. An animal can walk about after labor because of the position of its body, and the position of the womb within the body; but a woman must lie down for some time. Her internal arrangements and private parts must recover to a certain extent before the body is reared up to the erect posture, and before great weight is thrown down into the cavity, or else serious trouble may re-

sult, which may affect a woman's health and comfort for the rest of her days.

The reader might wonder how it is that some women can walk and even work soon after labor; instances of patients having done so come before doctors occasionally, and now and again they may be read of in the daily papers—we have studied already one example. Several points may be given in explanation.

When laboring under fear or great trouble human beings will do many things which they would not dream of attempting in the ordinary way. Not only will women who are pregnant, and who proceed to labor, suffer the greatest agonies in silence, in order to conceal their condition, should it be illegitimate and one to be ashamed of, but men as well as women will similarly endure suffering of a different nature, unknown to anyone but themselves, if such suffering revealed would indicate that they had been doing what they ought not to have done. The case of a boy is remembered, who had the skin taken off the palm of one hand through the blazing up of some gunpowder *which he had stolen;* this boy suffered dreadfully before the condition of his hand was found out. Other instances are called to mind of patients having endured the most excruciating punishment, from the effects of certain diseases to private parts, for instance, sooner than "give themselves away" to either their relatives or even to their doctor; and the truth would never have been known in their case had the sufferers been able to treat themselves successfully, before either utter prostration or some particular signs of specific ailment had led others to be convinced that some disordered state of the health existed. Such patients have been obliged to state the facts of the case

in the end, to someone, or allow them to be discovered by the doctor, when they have become bedridden, or after they had fallen down in a faint somewhere.

It must not, therefore, be imagined that such young women as have been known to give birth to a child, and to go about afterwards as though nothing had happened, have suffered nothing—both at the time and some time afterwards. Possibly they have endured a great deal of pain and anguish; but they have not *shown* it to the same extent others would do under legitimate circumstances. But on the other hand, in some instances, it is true, they have also had good constitutions and strength; they have been well fed and cared for, and their physical condition has been such as has enabled them to recover from the effects of childbirth more quickly than a good many other women would. Such may almost be compared with savage women, most of whom are able to live through the last stages of pregnancy in precisely the same manner as they do the earlier ones, such a condition making practically no difference to them. Savage women will perceive the time of their delivery almost as an animal does, taking it as a matter of course, and instinctively submitting to the incident with very little thought or feeling of distress compared with what more civilized women will show; they will retire into a secluded part of the forest, or behind some bush, to give birth, soon to return rejoicing with their baby. Now, some servant girls are really not much better than bush women, either in intelligence, or general sensitiveness, or common understanding; they may also be just as hardy and as physically fit; hence some remarkable cases the reader has heard and read of.

It must therefore be remembered that human beings differ so much from one another; all women must

not suppose that because certain of their sex are able to bring forth a child under the simplest and easiest circumstances, that all others ought to be able to do the same. Some cases of concealed birth reported in newspapers are indeed extraordinary, and that is just why they are reported; they belong to the greatest exceptions, and should give no indication of what women in general are able to do or ought to do.

During the first three days after delivery not even sitting-up should be allowed. If the abdominal contents are forced down upon the tender womb and pelvic parts too early, then undue hæmorrhage will be likely to occur as well as displacement downwards of the womb itself; this cannot be too often insisted upon. After the third day the patient may sit up in bed a few minutes occasionally, being propped up by pillows; but the less this is done the better, at present. "Just a little change" is naturally longed for; but patience will pay. All will be well in a little time.

This particular question of remaining in bed after labor has been touched upon in a previous chapter, and all that need be mentioned further regarding the posture or first movements of the mother is this: that she should not walk downstairs for at least two weeks after confinement—and then only slowly and carefully. In walking downstairs every step taken will jolt the abdomen and its contents, putting extra pressure upon the womb. Remember that in the horizontal position the abdomen would be carried evenly and without any downward jerking. The wife should therefore be carried downstairs by her husband, with the help of a strong nurse if necessary. It also follows that when out-of-doors she should leave any conveyance in which she should happen to have been riding without being jolted, by being helped out or by

walking down to the path on an incline. These instructions may possibly appear to be quite unnecessary to some; but if women only knew how many of their sex suffered from disease and displacements of the womb through simple carelessness after confinement, they would know how essential it is to have some knowledge of what routine is the best to follow under average and ordinary circumstances. It would of course be quite impossible to refer to all exceptions in a book of this kind; the best steps to be taken for the majority of women is what is advised in these pages; and though they might appear elaborate to those who are health-hardened and consequently indifferent, they will pay handsomely for following out in every instance. *It is always best to lean on the safe side after confinement.* Nothing may happen, but something *might;* it is easy to *create* complications of disorder, but it is often hard to *recover* from them. A day or two more in bed when in doubt, and care throughout, may save many weeks' suffering.

"Domestic Happiness, thou only bliss
Of Paradise that has survived the fall!"
—COWPER.

CHAPTER XXIV

THE NATURAL FEEDING OF AN INFANT

The proper food for a newly-born babe is that provided by its mother from her own self. The young of most animals derive their first sustenance from their mothers by means of suction from what anatomists call mammæ, or milk-glands; it is on account of this fact that the term mammalian has been given to describe the order in Nature to which they belong.

We have seen that the human fœtus grows within the mother and depends upon her for its development; we know how it is born, and how the cord of attachment is cut separating mother and child, necessitating dependence upon other means of sustenance from that moment. It cannot take the food for adults; it must still belong to the mother even though birth have separated it; it will now have the advantage of another kind of attachment to her, as it were, through the medium of her breasts, not constantly but intermittently, so that it shall live and properly develop.

Though human beings evolved to such an extent that they soon departed, in innumerable ways, from every other animal, in structure and in function, leaving all a very long distance behind, yet woman never evolved away her breasts; she has retained them for the natural purpose of providing food for her young. Let the reader think for a moment how different all animals are compared with mankind, and yet how similar the provisions are that remain for the first

feeding of offspring. The mammæ or breasts, and the teats or nipples are there still in remarkable similarity, showing how Nature saw, that, however much mankind left the animal world behind and developed into the highest and best of living creatures, the breasts should remain as the best medium through which the young might be reared.

Among animals the mammary or milk-glands will be found somewhere along the lower part of their body; they may be near the hind legs as in cows, or they may be between the fore legs as in elephants; or yet again, they may run in pairs a good distance along the lower pendulous border of their body, between the fore and hind legs. The female of human beings develops breasts most conveniently situated, and come to occupy a position in front of the chest in the erect position.

The above comparison with animals is given more particularly to show that, in spite of vast differences which obtain between human beings and animals, in anatomy, function, habit, and sense, yet evolution has left the original feeding glands to provide for woman's offspring. The breasts are there, and they secrete milk, and it is intended that this milk should be used. They were not made for ornament, though they are ornamental when rightly developed—as are all the obvious parts of the human anatomy—they were not left there by mistake, while evolution worked its way; they were created for use. It is all the more deplorable that the better and richer classes should be the chief offenders—who should know so much better than the poorer what is the right course to adopt. It should be every woman's chief privilege not only to bring a child into the world but to feed and tend it properly. It is an insult to the great Creator, who

has made woman as she is, not to do His bidding. It is a wicked offence towards a child. It is unnatural.

Many women appear to have the belief at the present day that their breasts were not intended for use, and when they have given birth to a child they resolutely refuse to feed it in the natural way. This is an unfortunate position for any woman to hold, unfortunate for herself and particularly unfortunate for her child. There may be some special reasons why certain mothers should not feed their infants on the breasts, however; they may not have any milk, or their health might possibly suffer from supplying their infant; but unless there is some very definite reason why a woman should not feed her child naturally—not a reason of vanity or inconvenience, remember—she should do so in duty, firstly, towards herself, and secondly, much more towards her own offspring, but *even thirdly*, towards posterity in general. Those who look upon children as a nuisance and an unfortunate bother should never have exposed themselves to the chance of possessing them; only women who intend bringing up their children in a natural and right way ought to own them.

Nearly all the ailments and troubles from which babies suffer are caused by wrong feeding. If they were only fed on their mother's milk—if it could be possible for every child to be brought up so—we should soon see a healthier and stronger race of adults in humanity. If infants suffer for months or years from want of proper food, how can they be expected to develop into sound and creditable adults? And unsound adults live to beget still more unsound offspring! If only negligent women knew the great mistake they were making! Should it ever become the fashion and pride of women to naturally feed their infants, only medical

men know well what an immense difference this would make in the physical fitness of posterity.

But the present writer has often enough tried to point out to mothers that feeding their infant "on the breast" gives other advantages beside the one just referred to. Naturally-fed infants *cause so much less trouble and anxiety to their parents;* they sleep well at nights, and enable their mothers to rest also. They cry very little, and, as a rule, are beautifully "thriving" and comfortable. Many mothers suffer nights of restlessness and worry, for many months on end, simply because their child is being fed on wrong food; and of course their days must be full of weariness and misery also. Women may well complain that babies are undesirable, when each one they have causes the trouble of three put together—simply on account of artificial feeding.

Feeding "on the breast" gives still another advantage to the mother: it helps, by some sympathetic action, to restore the womb to its normal condition after childbirth.

If a woman have not much milk, then she is advised to give her infant what she can. A little is better than none, if it is right in quality. There are special instances in which the mother should not feed her child on the breast at all, it is true; but many who do not feel strong, and who imagine that ceasing to suckle the child will tend to improve their health and save their strength, often find that they are worse than ever when they stop, more on account of the child's irritability and restlessness than anything else.

There should be nothing to be ashamed of in feeding a child on the breast. A woman ought to be only too thankful when she were able. There are many who dislike this "nursing" because it interferes with

their social and gay life; the same dispositions have been angry, from the first, that they ever became pregnant. But sorrow will be theirs in the end, depend upon it. They are likely to reap experiences of much misery in the future, of some kind or other. Perhaps they will have a family of six or seven, each of which is obviously puny or ill-developed, always appearing sickly and requiring the doctor, and reflecting no credit at all on their still vain parents. Such women live to be ashamed of their grown-up sons and daughters in very many instances, their older vanity constantly being injured to the very end.

If a mother have no milk at all it is no use putting the child to the breast, of course. Evidence of consumption or any other specific disease in the mother would also lead the doctor to advise cessation of breast-feeding. Disease of the breast itself, or nipples, or even very sore nipples, will occasionally necessitate artificial feeding—although a mother ought not to suffer from sore nipples if proper attention has been paid them.

If the confinement be the first, there will be scarcely any milk until the third day. The infant may try to suckle before, now and again, if it should please the mother, and if there should appear an early chance of milk. But no persistent efforts should be made before the third day.

If the confinement be not the first, the infant may be placed to its mother's breast within ten or twelve hours after being born, when the mother has had plenty of rest, and has got thoroughly used to her little pet beside her. Thus it may try the nipples twice or three times each day until the third, when the supply will be greatly increased; then it may have some every two hours at first; after the second month every

three, and later four, but always regularly, and as little in the night as possible. The funny custom of giving the infant some sugar and butter, or something of this kind, before it takes the mother's breast is not advised. Such things do no good.

The baby should be put to both breasts each time it is fed, if they are about the same size. The milk is formed within the breasts, and it runs along little canals which are directed towards the nipple. Sometimes this passage of the milk is slightly obstructed, and very gentle rubbing in the direction of the nipples may be required; or it may be necessary to draw milk through a breast-glass if the child cannot get it at first. The first milk drawn acts as an aperient on the infant —a wonderful provision of Nature. When the milk is too abundant, it is a good plan to have the bowels very freely moved each day, and to take as little to drink as possible of any kind; it will run away itself when the breasts get too full, and will scarcely require drawing away by means of a breast-glass unless there is much pain from tension.

If scanty, the quantity may be increased if the mother take plenty to eat and drink. A generous diet should be taken, and very little in the way of stimulants, if the mother has been previously accustomed to them, and if it should appear that she is not so well when they are taken off. Worry and anxiety will cause dyspepsia and a poor appetite, and milk may be secreted in only small quantities as a consequence. There are no drugs to be taken which will produce milk, unfortunately, or we might be certain of natural food in good quantity oftener than we are. Ordinary healthy habits of living, and freedom from harassing and too hard work, are more important than anything.

If a mother should decide to feed her infant artificially for some very special reason, when she has a good supply of milk, then she should not allow her nipples to be sucked from the first. It is a mistake to put the baby on the breast for a day or two and then to leave off, for this so often leads to abscess of the breast; milk secretion subsides quicker and with less trouble when the breasts have not been drawn upon at all. Neither should they be rubbed or handled roughly by anyone. The less done to them in the way of moving or handling the better. If they are painful, absolute rest is the most essential thing for them; and in order to secure this they should be suspended in well-arranged handkerchiefs passed over the opposite shoulders, so that they do not hang painfully or drag downwards. A little glycerine and belladonna may be painted—not rubbed, mind—on each breast every day for a time. Belladonna plasters are not so good; they often cause discomfort and do not yield properly either to extra distension or relaxation of the breast; they are also very disadvantageous if inflammation or an abscess should occur beneath them.

Sometimes a mother has a good quantity of milk, but the quality of it is poor. Thin, watery milk will occasionally run away of itself, and is a sign of defective general health. In the latter event the child should be weaned; and if the milk still runs away, the breasts should, as before, be carefully supported and somewhat compressed by an arrangement of large handkerchiefs, while glycerine and belladonna is applied. The doctor will be able to give certain medicines which are valuable for the purpose of stopping the flow, and indeed, he ought in any case to be consulted about the general health. Perhaps ordinary

tonics recommended by friends would not be either suitable or sufficient to restore strength.

It is extremely important to remember that the nipples at all times should be taken proper care of. The reader may be surprised at this, perhaps, and think that such trifling things might very well take care of themselves. Let this advice be taken, however, that it will pay to attend to the nipples constantly from the very conception.

Cracked and sore nipples, or abscess of the breast, would rarely—if ever—occur if the nipples were treated in the manner I am about to describe. Both should always be carefully dried and cleansed by the nurse—or mother herself, if the nurse be not sufficiently intelligent and thoughtful—and the best time of all is just after feeding the baby. There is a proper way to perform this operation, and there are also the right things to use. Some tepid water containing boracic acid should be supplied (about half a teaspoonful to a basin half full) and some perfectly clean linen or fresh lint. No dirty fabric should be used—not a sponge—in fact nothing which has been used for anything else—but simply something white, soft, and clean. Then each nipple should be taken in turn and gently swabbed with the solution, care being taken that little fissures and folds are opened out and cleansed, for it is just these places that are likely to be missed, and which may develop into open cracks and sore places. Plenty of solution should be gently passed over each section of the nipple—not really rubbed on, but applied, in order to simply cleanse and not chafe or injure.

If the above instructions are carried out properly—and the time occupied need only be a minute—the nipples will remain quite as they should be. If the

milk is given to running away of itself a good deal, then the nipples had better be washed even before the child feeds, and rather oftener altogether. Pure and sound nipples will often prevent mouth troubles in the infant; and on the other hand, an unhealthy mouth will necessitate extra attention to the nipples.

A loose corset and gentle massage of the nipple will be good for a few weeks before the birth of a child, as mentioned in an early chapter. A nipple-guard may even be worn to prevent undue pressure of clothing. If the nipples are very tender, they may be dabbed with spirit or solution of tannin after washing, which will harden them. A good deal of pains should be taken to bring the nipples into greater prominence, so that the child may have its mother's milk, while the suckling may be helped a good deal by gently pressing towards the nipple with one finger on the breast above and the other below. Depressed nipples should not be left as though nothing could be done, as is often the case. By exercise and a little trouble they can be made more prominent. They should be drawn out by a breast-glass frequently during the day, and also just before the child is put to them. Perseverance will often succeed where the chances seem at first hopeless. If the child really cannot suck, after every trial has been made and all patience exercised, then it is not advisable that it should continue to suck through a glass nipple-shield with india rubber nipple; it is better to feed it artificially altogether in this case; mother's milk ought either to be taken directly by the mouth applied to her own nipple or not at all. Only in the event of the infant being born too weak to suckle should it have milk drawn for it from the breasts, until it is strong enough to suckle itself.

Cracks and soreness of the nipples are caused by the want of care, as a rule, in the washing of them. Women's nipples do not always project as do those of animals; having been pressed down by stays, they will sometimes double or fold so as to include moisture, and perhaps even something else that is not quite clean. This is really the reason why nipples are ever sore or cracked, and the reason why abscesses occur in the breast itself, particularly in the ordinary unimpaired state of the general health. Prevention is better than cure; but when soreness and cracks are actually present still greater care should be taken in the washing, and a little glycerine and tannin applied to help the cracks to heal. The doctor may sometimes find it necessary to apply stronger things, however. If such affections as these cause too great pain on suckling, then, either the breast-glass should be used for a day or two, or the child should be fed artificially until sufficient healing has taken place to allow it to resume. About the third day, in the case of a first confinement, and earlier in others, the breasts may become hard, lumpy, and painful. Suckling should relieve this, but if not, then hot fomentations should be applied between the sucklings. The patient may also be a little feverish at this time—the nurse referring to the condition as "Milk Fever." This will soon pass off. Time should be allowed for the milk to show itself; it is useless, and may be harmful, to worry the nipple before. Painful breasts should never be rubbed. They should be carefully suspended in handkerchiefs.

About nine months is the length of time a mother should feed her child on the breast, if everything should be satisfactory up to this period. She may wean it at any time before this if she feels certain that

either she or the child is suffering, or when the doctor orders. There are so many differences in the constitution of both mothers and infants that hard and fast rules cannot be laid down for all. No two women are alike, and no two infants. Suckling after nine months may possibly weaken the mother and do the infant no good; although in many instances, I admit, it does not appear to do either any harm.

A child should be weaned gradually, and if it should cause much trouble in longing for the breast when only being fed once a day, just before suckling is discontinued altogether, then it would be better for the mother to actually terminate the feeding by leaving the child altogether for a day or two. Or she may apply something bitter to the nipples, such as aloes, so that the child will not be inclined to suckle.

The mother should not allow the child to "take the breast" again after once completely giving it up. Though the breasts may appear full, they should be allowed to go down of themselves. Belladonna and glycerine may be painted on, preferably; but if plasters be bought, they should have the edges cut all round so that the breast may enlarge or diminish in size without being dragged upon by the plaster. One made of either soap or containing belladonna may be used, but the writer thinks that *as much good is done by the support and rest which a plaster gives as by any particular compound the plaster is made of.*

Any rubbing of the breasts whatsoever, after weaning the child, is distinctly wrong, no matter what is used to rub them with. As near perfect rest as possible is what should be secured. The mother should take slightly less to eat, if she have been previously hearty, and much less to drink; she should also see that her bowels are thoroughly active each day.

The child should always be weaned if either pregnancy take place again or if menstruation has commenced—though suckling seems to delay the recurrence of menstruation a good deal. Any conditions of definite ill-health should be put under the doctor's advice. So many ailments may possibly come upon a mother while she is nursing a baby, even ailments which anyone may suffer from, that advice regarding what she should do under all circumstances would be impossible to give in a book of this kind.

Next to the mother's own milk, that of another woman is unquestionably the best for an infant to be fed on. Those who can afford the expense of what is known as a "wet-nurse"—one who is willing to feed an infant not belonging to her on her own breast—had better employ one if they are not able to suckle their infants themselves. And, naturally, mothers would be anxious to know what woman, who happened to be blessed with milk, would be suitable in every way for this purpose: I may mention, therefore, that a "wet-nurse" should appear strong and well-developed all over, and have no sign of disease about her, and no indication that she has even *once had* any suspicious skin affections that might denote an unhealthy constitution. A woman twenty-five to thirty years of age, having well-developed breasts and nipples, and having a healthy baby of her own, which is itself about the age of the baby over which she is to act as "wet-nurse," is one to be recommended. If a woman apply for a position as wet-nurse whose own baby is dead, then the advice of a doctor had better be taken before she is engaged, for he will be able to judge whether the child has died on account of the mother's own ill-health or not.

When the breasts begin to secrete milk in abund-

ance they may often be felt again to have painful lumps here and there; these are sometimes caused by the milk-ducts being obstructed; especially may such a condition be found among those who have given birth for the first time. The swellings may proceed to inflammation, but they will generally subside under rest. If decidedly painful, they should be supported in the manner explained previously, and have warm fomentations applied—but again, no rough rubbing. The lumps are not likely to develope into abscesses of themselves. But if the nipples are sore or cracked at the same time, abscesses are extremely likely to form, for discharge from an unhealthy nipple surface will be almost sure to find its way into the tender breast and set up mischief there.

If an abscess is going to form in the breast great pain will be felt in one spot generally, and the patient will complain of feeling ill. She will be distinctly feverish, and shivering may be complained of later on when matter is beginning to form. These symptoms must not be mistaken for milk fever, which commonly occurs about the third to the sixth day, when there is a rush of milk, and gradually passes off. A reddened, hard swelling will be perceived in the breast if abscess is threatened. Occasionally such red, painful swellings will not develop sufficiently to form matter but will gradually go away again. If left to Nature, and an abscess really forms, it will probably break of itself and discharge from a small opening, though it will very likely have destroyed a good deal of the breast tissue before doing so. Therefore the doctor will generally lance an abscess as soon as it appears ready, so that the breast may discharge freely and get well as soon as possible.

In some cases of abscess of the breast the mother

is not in a good state of general health, and she will require special medicinal treatment. An abscess may either form somewhat superficially, near the nipple, or within the breast tissue, or it may be under the breast. The last is the severest, and fortunately the rarest, of the three kinds. It causes very great pain and swelling, as a rule.

If an abscess is only threatened, and there is simply pain and tenderness, then the child may be kept from the breast a day or two, so that perfect rest may be obtained for the affected part. A little milk may be suckled from the sound breast during this time. No poultices should be tried at this stage, for they will be more likely to bring on matter formation than to prevent it; only rest is necessary, the breast being slung and kept still in a comfortable handkerchief or by bandages, the arm on the affected side being kept quite still by being put in a sling. Should the inflammation seem only slight, the application of cold water or ice, put in a bag, will very often reduce it and prevent further mischief arising.

But when it is certain that matter has begun to form, then poultices are the very best things to apply; they relieve pain and tension and draw the matter nearer the surface. Sometimes they will succeed in making the abscess burst rapidly, and the doctor will not require to lance it. Discharge must not be allowed to remain long outside in the dressings, which should be changed four or five times a day, without moving the breast any more than can be helped. The abscess opening ought not be allowed to close too soon, as it might tend to do if not watched; and the doctor sometimes finds it necessary to put in a drainage tube to prevent this. The infant should never

suckle a matter-discharging breast, even though the nipple might seem healthy.

Before closing this chapter, think again of the argument! To possess a baby of your own and not feed it as the Great Creator intended! To decide that anything is good enough for it—animal's milk is good enough, you say. Perhaps from tubercular cows! Think again, you who have little regard for your offspring, foolishly denying the innocent product of your own and your husband's self what is really best for it!

We have no room at present for a chapter on artificial feeding, for the subject will require a book to itself.

"Behold the child, by Nature's kindly law,
Pleased with a rattle, tickled with a straw;
Fed at his mother's breast—nor aught so good,
Till tired he sleeps, and thrives—on best of food."
—POPE.

CHAPTER XXV

SOME IMPORTANT CONDITIONS THAT MAY FOLLOW CHILDBIRTH

Sometimes the appearance of blood in the discharge continues too long after a confinement; such excess may be found in delicate and weakly mothers. If the nurse thinks that the flow is not as it should be, she should always mention the fact to the doctor, so that appropriate measures may be taken. It is no use going on hoping and thinking that everything will come right in the end, for such temporizing might lead to more serious symptoms showing themselves.

The discharge after delivery consists almost entirely of pure blood for several hours after labor, and for three days a good deal of blood is passed, mixed with other fluids, and containing shreds of membrane and *débris* from the inside of the womb. The discharge may also contain blood clots; a certain number of these are sure to form if there is any quantity of blood passed. After the third day the proportion of blood begins to diminish considerably and clearer fluid takes its place. About the eighth day the discharge becomes yellowish or greenish-yellow in color, and gradually from this time it clears up.

There is naturally a slightly disagreeable smell from the normal discharge, and it is liable to decompose very soon. Therefore the frequent changing of well-aired diapers is necessary. The actual quantity of discharge varies, and will be greater if the mother

does not feed her child on the breast, for suckling helps to contract and close the womb after labor, as before mentioned. If the smell is very offensive, the doctor must be told, if he has not found it out himself, because it will probably indicate that everything is not as it should be, and he will take special measures accordingly; perhaps a portion of the afterbirth or membranes has been retained within the womb and requires removing, for instance.

Blood may make its appearance again, after the general discharge has cleared up, if the patient walk about too soon, or if she engage in work that requires much exertion. Anything causing a rush of blood to the womb will be likely to lead to this kind of after-hæmorrhage, and even excitement has been known to bring it on. But if bleeding occur repeatedly during the few weeks following delivery, then it is almost certain that there is something in the womb which causes irritation and local inflammation. The doctor must be sent for in such a case.

Puerperal fever is an important and serious complication that may possibly arise after confinement. "Child-bed fever" it has sometimes been named. It depends upon some blood-poisoning matter finding its way in or near the womb. Dirty hands may communicate it from one woman to another, and midwives or nurses who are not careful will run the risk of giving the fever to their patients. Carelessness is usually the cause. Bad drainage is also said to be a cause, while at other times the affection seems to be dependent upon some poison already circulating within the system. It is an extremely contagious disease, and has to be reported. Lying-in hospitals had formerly to be closed on account of outbreaks occurring within them, though nowadays a well-ordered hos-

pital is the least likely place for the disease to occur in, for more perfect methods of avoiding any uncleanliness or poisoning influence whatsoever are now practised. If a midwife has been attending a case which developed the disease, she must abstain from practise for some time, and have herself and everything belonging to her person, as well as all appliances she uses, thoroughly antisepticized or disinfected, or else she will give the same disease to every woman she attends.

Those who suffer from this complication will notice headache and shivering about the third day, or perhaps later, and they will feel sufficiently ill to remark about it. Loss of appetite and furred tongue may be observed, while tenderness or pain about the lower abdomen will very likely be complained of at the same time. The poisonous matter, which comes from micro-organisms, may enter the system either through the open internal surface of the womb itself or through some tear or bruising of the perineum, vagina, or outside private parts. Those who have given birth to a child for the first time are more liable to this kind of fever, because they are more often torn or injured in some way than others.

There is a less serious form of fever to be mentioned—which can scarcely be called real puerperal fever—caused by exposure to cold. The patient will feel hot and feverish, and pain will also be perceived about the womb indicating inflammation there. Rest and the application of mustard and linseed poultices over the painful part is generally all that is necessary to restore such cases to a proper condition again. These mild inflammations, however, may lead to the more serious ones; therefore they should never be neglected or thought too little of.

Scarlatina and erysipelas are extremely likely to be contracted by a woman after childbirth, should either of the diseases occur in anyone living in the same house, or near, though, fortunately, they are not so likely to attack a woman during the months of pregnancy. These diseases are likely to prove serious after confinement, not only because the patient is already debilitated, but also because of a greater likelihood of puerperal fever itself or blood-poisoning taking place as well. The more complications occurring in a lying-in patient the more risks will she run of still further complications, because each one reduces the system to greater susceptibility to others; while any unskilled interference with the parts, on account of soreness or discharges, also movements of the bowels, will give more frequent opportunities for some poisonous material to find its way to inviting places. Therefore, wherever there are complications, there must also be adopted still more strict precautions, in the way of scrupulous cleanliness and purification of *everything* concerned or used.

The temperature may rise in puerperal fever to any height up to 104, or even 105, and it will go up rather suddenly at first, as a rule, even as high as 102 or 103 while the early shivering is taking place. When the fever is due to the decomposition of a piece of afterbirth which has been left behind, the temperature goes up more gradually. The pulse will also increase its beats considerably. The tongue becomes coated. Even decided delirium may be observed in severe cases. Very often the discharge from the womb diminishes or ceases altogether, while the supply of milk is always affected more or less, being sometimes stopped altogether. Further signs and symptoms of this dreadful disease need not be given. The doctor

will have been called in at an early stage if the friends of a patient have been wise, and everything must then be left to him. Only sufficient information is given concerning serious complaints, in this work, as will give a mother a simple understanding about the diseases and complications she may at any time hear about, or even be unfortunate enough to suffer from herself, so that she shall better appreciate those instructions laid down in former chapters regarding cleanliness and disinfection, and see that her nurse does her duties rightly.

What is commonly called milk-leg is a very painful and troublesome condition that may affect one or both legs after confinement. It is caused by some interference with the proper circulation of the blood and lymph through the part affected, either of the nature of a clot or produced by an affection of the vessels themselves. The limb swells and feels tight and brawny, while the surface of it turns white and shiny. It was formerly thought that the milk ran down to the limb to cause this condition. Those women who suffer from undue hæmorrhage are almost sure to pass a good many blood clots, and it has been observed that such women are also more liable to suffer from this affliction.

The condition generally comes on in the second or third week after delivery. Pain is felt in the thigh, which soon spreads downwards, or it may be felt in the calf first, the spreading taking place in an upward direction. The left leg is more commonly attacked than the right. The temperature usually rises slightly, while the patient will probably feel ill at the same time. The blood-vessels will be observed to be inflamed, and they will prove tender to the touch. The symptoms usually last from five to ten days and then

begin to lessen, the swelling growing less and less, while the pain and temperature also commence to decline. There may be relapses, however. The leg does not get entirely well for several weeks, the circulation gradually assuming its normal state as time goes on. Rarely does the affection prove fatal, though a portion of clot has been known to become detached, and getting into the general circulation it has caused an obstruction in an important artery of the brain, which has resulted in sudden death.

Absolute rest is necessary in the treatment. Not only should the patient remain still in bed, but the parts must on no account be rubbed, for this would not only increase the inflammation that is there, but it might also detach a portion of clot. The leg should be raised a little and have a cradle put over it to keep the bedclothes from irritating or pressing upon it. The doctor will give every instruction in a serious condition of this kind, and the patient is recommended not to trust to the advice of friends or to use her own discretion, but to send for him if she is not satisfied about her symptoms.

The mind may become peculiarly affected at various periods between parturition and the time a child should be weaned, by what is commonly called puerperal mania. Forms of insanity may even make their appearance while a woman is pregnant, having originated to some extent on account of former inherited nervous tendencies. Her mind may even show signs of derangement during labor.

The period when the mind is most likely to be influenced in this way, however, is that between delivery and eight weeks after, while the largest number of cases have been observed to occur within the first two weeks. There are all degrees of severity, some

so mild as hardly to require special advice, while others may defy all treatment and ultimately end in death. In most cases a history of either insanity in the family, or of nervous affections, can be made out, showing that child-bearing is not of itself a cause of any kind of insanity, but that it leads to this state sometimes in those having unfavorable family tendencies. But there is one satisfactory point about insanity occurring in a woman in connection with childbirth, and that is, *the chances of recovery are usually very favorable.* Under proper treatment, when the effects of the confinement wear off, the mind will usually become clear again. Loss of blood, exhaustion, and general debility will all tend to upset the mind in women having a nervous history.

The symptoms of puerperal mania need hardly be given fully, for the reader could very well be spared too deep studying. However, many might be interested to know that sleeplessness is commonly complained of, while the patient may develop a great dislike to her nurse and her husband, without any special reason. She may also have delusions, and show a good deal of violence. Sometimes she will take a dislike to her child even, refusing to have anything to do with it; while cases have been known in which the child has been actually killed. The attack lasts generally from three to six months, after which, under treatment, complete cure will usually take place.

Excessive suckling sometimes appears to be a cause of puerperal insanity. This cause and its result are naturally more frequently found among the poorer classes. Mothers who have had many children, and who have suckled each of them a long time, will be likely to suffer more than others. In a few instances symptoms of insanity appear immediately after wean-

ing. However, it is satisfactory to know that the large majority of such cases completely recover when the general health is again fully restored.

Full instructions as to what should be done in these cases could not possibly be given in this book. Each must be treated according to the particular symptoms displayed, and according to the local and general conditions of the patient. Of course a doctor would be consulted, and it is advisable that he be sought out early enough, before any real harm is done.

These peculiar and very unfortunate forms of insanity would not have been referred to at all, but for the fact that all women should know just a little of whatever complications and troubles they are liable to suffer from as a result of child-bearing, not that they may be in the least afraid, for, after all, the large majority of women get over the event without anything happening whatever worth speaking of—only one woman in about six or seven thousand ever shows any signs of mind derangement, for instance. But to be foreinformed is to be forearmed in all matters relating to child-bearing. Women have most of them thinking powers of their own; and there are so many opportunities of gaining incorrect and dangerous information, when a large amount of mischievous gossiping goes on regarding every subject connected with maternity, that definite and reliable information respecting various conditions and contingencies ought to be within the reach of all wives and mothers. Not that they can do everything by themselves, but that they may know how much they can do and when to do it; and also that they may realize what others can do to help them.

Another possible contingency following childbirth is some displacement of the womb, especially a de-

gree of prolapse or falling-down of the womb. This may occur as a result of either a general physical weakness or of a tear of the perineum. The latter cause is the commoner, and gives by far the more pronounced disarrangement. If a perineum have been torn when the child came into the world it should have been carefuly stitched up by the doctor. But if a midwife have attended, and a tear has taken place, no doctor having been sent for, then the tear may remain, rendering the vulval opening much larger than it should be, while the perineum is weakened and will afford little support. Consequently, under such conditions, the womb will tend to come down too far, not being held up by the firmness and entirety of the pelvic floor.

In the case of merely physical weakness, generally, a womb may prolapse to some extent, even though the perineum have not been injured.

Whatever may have been the cause of a falling of the womb—a condition that the patient may recognize herself, from distressful pain across the lower part of the back, and perhaps too frequent passing of water —the treatment will be one of several according to degree and severity. The general health must be improved by every means suitable to the indications of impairment, while the doctor will give support to the womb by inserting some comfortable kind of pessary within the vagina, until such time as the parts are capable of sustaining themselves again. Pessaries are made of either india rubber, vulcanite, or metal, and are of very many shapes and sizes to agree with varying conditions and different anatomical dispositions.

If a tear had not been sewn up at the time of recovering from parturition, it will be necessary to have an operation performed, to restore the damaged per-

ineum. Thus the place of the tear must be made entire again, under chloroform, and much more will require to be done than if restoration had been effected immediately the tear had occurred.

Inflammation in or around the womb may follow a tear of the perineum, if the latter be not attended to. Yet, again, a tear may take place at the neck of the womb during the passage of the child into the world. This will also be likely to give chronic distress about the womb and its appendages, unless the tear be rectified. Cases are not uncommonly seen of women suffering pain and general ill-health for years after childbirth, until an examination has revealed a damaged neck of the womb. When this is operated on all goes well again.

The more extensive damage to parts need not be referred to, nor is it necessary to mention many other less important ailments and disorders following childbirth in a work that must necessarily deal shortly with all subjects.

"Of magic potent over sun and star,
Is love, though oft to agony distrest,
And though his favorite seat be delicate woman's breast."

—WORDSWORTH.

CHAPTER XXVI

ON DOUCHING OR SYRINGING

At almost any time of her life a woman may require what is known as vaginal douching or syringing. Girls of any age may sometimes suffer from a discharge from the vagina which necessitates syringing; but later on in life, when a woman is married—and sometimes before she is married—she will very likely suffer from some vaginal discharge which will require attention. "Whites," or leucorrhœa are fairly well-known conditions among women, and when profuse, they cause a good deal of irritation and discomfort.

Sometimes discharges have a distinct association with internal disease or tumor growth, and will necessitate the intervention of the doctor on this account; but oftener they arise simply through defective general health. It should be remembered that if they are particularly offensive they point to disease as the cause of them. Nothing will indicate the state of the general health in women more clearly than vaginal discharges, especially when a woman has several times, or for some years, suffered from them; whenever they are more profuse the general health is sure to be lower in tone. Women will often observe this for themselves, and, acting according as the indication suggests, they will take tonics, and more fresh air and exercise, etc.

Excessive itching of the passage and outside parts

results from vaginal discharge in some cases, though the same symptom may also be found in women suffering from diabetes, and should not, therefore, of itself, be taken by a doctor or midwife as proof that a profuse discharge necessarily exists. The lead solution referred to in a former chapter will be found invaluable as a simple remedy for the itching produced by such discharges, and nothing is better as a solution for simple vaginal douching than boric acid.

Frequently during married life, more especially after a miscarriage or confinement, douching or syringing will be ordered by the doctor. The passage may require cleansing for several reasons. In the first place, common hygienic sense will demand it, should there exist any unpleasant discharge; secondly, the actual profuseness of a discharge may be such as to require diminishing, simply because of the discomfort and inconvenience of it; thirdly, the irritation arising may be so great as to necessitate such treatment; fourthly, discharges often tend to get worse, and had therefore better be kept under some control, to say the least. Sometimes husbands will complain, not of local trouble, but of their health being injured through a discharge occurring from their wife. They *imagine* —and it is only imagination—that they suffer in general health. They should know, however, that they cannot be affected in general health unless they have been locally influenced first. Ill-feeling between husband and wife has sometimes arisen through this misapprehension, the husband conceiving the idea that he is a martyr, having to suffer on account of a condition of his wife.

Every married woman should possess a douche or syringe for her own use. Indeed, every household should have an ordinary enema syringe; for the same

instrument, with different tubes, will serve for two different purposes, either for the vagina or the rectum in case of emergency. The tube for the vagina is four or five inches long, usually with holes for the solution to pass through; while that for the rectum is one and a half or two inches long, and is generally made of white bone having one hole at the end.

Most women are familiar with the appearance of the red flexible vaginal tube, for a long time past commonly used with syringes; but a very considerable improvement has been made on this, in one shaped with a bulbous end. This tube enables either the medical man, nurse, or patient herself to syringe the vagina with great ease and safety, while the results are much more perfect and satisfactory. There is only a single slot through which the fluid passes, instead of several holes—which get blocked and dirty. The old red tube is really of very little use, being of wrong shape and can never be kept properly clean. Either a glass one, bulbous-ended, or a vulcanite one, with slot to facilitate cleaning, should be selected, as being more scientific and far and away the best. You merely pass a piece of linen or paper through the slot to clear and cleanse it. The bulb enables the deeper vagina to be douched without any possibility of damage being done.

The douche-bag, a vessel made for hanging up, together with a sufficiently long piece of india rubber tubing, may be used instead of a syringe, if a convenient apparatus is required for the vagina alone. Some find it easier to use than the syringe. Certain poisonous solutions might be mentioned as being most valuable for vaginal syringing or douching, but it would not be safe to recommend them in such a book as this. Some women might use them with care and

intelligence, and others not. There are solutions, however, not so poisonous, which may be mentioned in addition to the lead one previously described as useful for simple itching and soreness. A teaspoonful of alum to a pint of water makes a good solution. The same strength of borax or boracic acid and water may also be used to advantage. Permanganate of potash and water, mixed of such strength as will give the appearance of watered claret, so that objects may be well seen through it, is also valuable as a douching solution.

"Most thoughtful men
Are cradled into poetry by wrong;
They learn from suffering what they teach in song."
—SHELLY.

CHAPTER XXVII

HOW AN INFANT SHOULD BE TREATED

And now let us turn our attention to the object of all these joys, triumphs, aspirations, and thanksgivings—as well as even troubles and trials—the newborn babe. Yes; it is worth it! It is worth all the risks of the most pessimistic reasoner, all the pangs of "a cruel ordeal"; many mothers have told me so—almost all!

Soon the pain is over, and the reward lies snugly by its mother's side, innocent and sleepy, its little fingers as pink and beautiful as a bit of living and priceless coral. It is heavenly! And how its mother kisses it and warms it as the dearest portion of herself! Now all her instinctive affection and motherly regard comes out, and she cannot help loving it; she is quite beside herself with her new possession. And father likes it too; he once thought he would never nurse a baby as long as he lived; but now he does, actually! Something tells him that it is after his own image and likeness; it is a portion of himself. Yes; *he* even kisses it warmly, and no one else is in the room but his wife just now. It is their own precious production, and they are proud of it.

Ah! There is the strongest human bond of all in that child; no link or power on earth but one like that could bring so much love to the domestic hearth, healing and quickly curing past differences. A child will bring a kiss of reparation and reconciliation when

nothing else would; it has many a time and oft restored harmony after months of bitter discord. It is a portion of both, and it exists as though it should say: "Do not quarrel, I am a serious matter between you. Think now of yourselves and of me. Remember, 'whom God hath joined let no man put asunder.'" And even suppose harmony to have always been there before, still this portion of both united, fashioned so marvellously and perfected as nothing else on earth could be, knits hearts firmer than ever; this meaning in marriage reveals itself clearer still as a heaven-sent blessing which it is the great privilege of man and woman to enjoy, The parents feel new sensations; a new life is theirs when a child is born!

Go and look at it again, you who have brought comfort and congratulations—the beautiful little creature!—and think how glad a mother should be to give forth such a living masterpiece, and how proud a father that he has produced life that will grow forth slowly into strong and able succession. How envious the barren are bound to be! Take it in your arms, you who have only called as a friend; it is lovely to hold such a dear little thing; look at its pretty shaped face, its nose, its sleepy and closed eyelids; it seems in the world but not quite yet of it. No cares, no worries, no anxieties. What a life is this! And what life is in store for it?

We must learn what is now to be done to this precious morsel. It was born and put aside for a while, warmly wrapped up in a flannel. It cried a little, but soon settled down to good, hard, business-like breathing, just as though it had suddenly found out how to do it, and was making haste for fear it should not be striving fast enough. It will not smother; oh, no! You need not have its head uncovered at first; swathe

it up and keep the cold air from it until nurse is quite ready to wash it, for the air is chilly compared with the warmth of its situation but a few minutes ago.

When all the bustle and stir of the infant's advent has given way to comparative calm; when the afterbirth has come away and the nurse is no longer required for anything else, she goes to the mother's bed and brings out the baby, finding it in flannel under the clothes where it had been placed out of danger. It must now be washed and dressed. When first born it is all wet with the maternal moisture, and there is also a whitish greasy material about it which must all be cleansed out of the way. The nurse should have everything ready, the water being at a right temperature. Not very much soap is required, and it should be of an unirritating kind, for the baby's skin is extremely tender. (The writer has seen nearly all the skin taken off a new-born babe through the ignorance or wickedness of a nurse.)

Baby should be dipped right into the bath, and the washing had better begin at the head first, for this is the most important part. A clean, soft piece of flannel should be used, not a sponge or piece of flannel that has been previously used by other people. A good-sized bit of lint is the best of all to use, if it happen to be in the house. Let the little head be carefully washed first, it will bear the soap well and will require it if there is much hair. Then, after allowing water to stream over it, the eyes should be attended to next. These are by far the most important parts of the baby to attend to. The lids should be carefully cleansed, each in turn, not roughly, but slowly and gently. A troublesome inflammation may attack the eyes if they are neglected and carelessly washed. If the baby is held in the lap close by the

fire all this time it will keep warm enough until the drying gives it a glow.

When properly washed all over, the cut cord must be attended to. You will remember that it had been tied and cut free from its attachment to the after-birth after the child had come into the world. Now it must be carefully wrapped in something quite clean, and left to shrink away. In a few days it will turn dark and dry, and will separate from the body of the child. It must be kept clean and wrapped up lest anything should touch it which might cause blood-poisoning or gatherings. A very common way of protecting it is to scorch a piece of clean linen; then having cut a hole in the centre of it, by folding it and cutting off the point of the angle thus formed, let the end of the cut cord be passed through this hole and the sides of the piece of linen folded over it, while it is directed upwards on the body; then let all be kept in position by a binder.

The scorching is done according to a very old custom, doubtless in order to purify the piece of linen, though very few nurses or midwives could ever tell you why they do it; they only know it is the custom. Anything soft and quite clean will do just as well, however. The navel ought to look quite healthy when the portion of cord drops off; if there should happen to be any discharge, it should be carefully washed away each day, and a piece of lint with boracic ointment placed over it. Gatherings have been known to form, in rare instances, when the cord has been treated carelessly; such will require a linseed poultice, while ordinary antiseptic after-care must be bestowed until they are healed.

Wet clothing had better be changed pretty frequen-

ly if the mother wish to avoid soreness about the baby's thighs and buttocks. The best and simplest way to keep the skin pure, healthy, and strong is to keep it dry; this should never be forgotten. Mothers sometimes show their infant to a doctor and wonder whether the poor thing could have any disease about it, for its skin is angry-looking and extremely sore, causing it to scream when washed. Ill-health itself certainly very often causes an unusually sensitive skin, but keeping the parts as dry as possible, frequently changing the napkins, will prevent soreness to a very great extent in all instances. Careful washing each day is very necessary, if only to keep the skin healthy. Sometimes mothers or nurses neglect to wash certain parts of the infant thoroughly *because* of soreness, but nothing will conduce so much to soreness as carelessly incomplete or neglected washing. A sore part of the body, if unwashed, will get sorer still; therefore, if a skin show itself unduly sensitive, and if it look like becoming angry and sore, first see that the parts are gently but completely and thoroughly washed—no irritating soap being used, but oatmeal-water over the sore parts; then be careful they are perfectly dried, and now put on a little powder. A valuable powder to be used when any soreness or threatening redness appears may be made by mixing well one part of powdered oxide of zinc with about three parts of powdered starch or boracic acid. This may be applied twice or even three times a day. But it had better not be used for all occasions, however, when the skin is healthy, for it is too drying for healthy skin; any ordinary and reliable infants' powder will do then.

If the child is not to be fed on the breast for some

reason or other, it must now be a most important question what else it should be fed on. As a rule, this is a subject far too lightly thought over by mothers and nurses; almost anything would seem good enough in the estimation of some, and prepared anyhow. If mothers only realized the truth of the statement made in an earlier chapter, that breast-fed children, as a rule, are healthy and cause very little trouble, while artificially-fed infants are almost invariably the opposite, being more often than not distinctly ailing and most irritable little puny things, they would feed the children "on the breast" oftener than they do. A breast-fed infant can be distinguished at once by its fullness and firmness, by its smiles and good nature causing little trouble. The fact unpleasantly faces us that very few infants are anything like properly fed when the mother cannot for some reason or other provide natural food.

The subject of artificial feeding cannot be dealt with in these pages because it is a very large one—large enough to require a book itself. The prime object of the writer on this occasion is to impress upon mothers the necessity for, and the value of, natural feeding. There is nothing like the mother's milk. It is true that a very large number of prepared foods for infants exist, but doctors judge from the babies themselves, that the best of these foods are worth little in comparison with natural food. By very careful attention, and wise or fortunate choice, a mother may rear her child fairly well; but it will hardly ever look so healthy or seem so lusty and satisfied as does a breast-fed one.

"On nurses knees, a naked new-born child
Weeping it lay, while all around it smiled."
—FROM THE PERSIAN.

CHAPTER XXVIII

CERTAIN CONDITIONS OF THE INFANT THAT MAY CAUSE ANXIETY

Sometimes when a baby is born it will not cry as it ought to do, and if further closely observed it may not even be breathing. In such event it should be slapped sharply, with something soft but appreciable—a wet corner of a towel being very good. The sudden slap will generally have the effect of starting the breathing which will probably now continue.

In such cases as the above, mothers with already large families have been known to beg the doctor not to interfere with the child if it is not breathing, hoping that the poor little thing may not live. But the doctor must commit no criminal offense either by omission or commission; it is his duty to see that the child shall live, and to do everything he can to make it live. Therefore mothers must not express a desire to their doctors, however large their families may be, and however they may wish to have no more children. Even monsters must not—by the law of the land—be permitted to die, if a doctor can save them. I once had a case in which the child was deformed, and was not breathing when born. "Please do not do anything to make it live, doctor," said the mother. *Perhaps if the mother had not spoken I might have allowed it to die.* As it was, I felt obliged to do what I could to cause it to live. I could not allow her to even remark to her

friends that I had neglected to do what others might think was my duty. Different people have different opinions, and I know women who would rather be the mother of a slightly deformed child than none at all. An operation might make matters better later on.

Should the child not breathe after being slapped in the manner described, cold water may be sprinkled in its face if a doctor does not happen to be present. If it "struggle with its breath," or take only slight inspiration, a bit of smoldering cloth may be held over its nose to stimulate the action of the lungs. It ought, properly, to breathe before the navel string is cut, unless the circulation communicating with the mother be stopped. The doctor should always be sent for if he is not there already, for one of the special methods for inducing respiration should be employed at once, if the above simple plans are not sufficient—and only a doctor can exercise these properly.

A mother will always be very grieved to hear of some deformity about her child, as soon as it is born. Among a good many different kinds that may occur, the commonest are hare-lip, club-foot, cleft-palate, and perhaps dislocation of joints. But all these can be very successfully operated upon, and there may be comparatively little evidence left afterwards that they ever existed.

Deformities of the generative organs or anus are likewise liable to occur. A baby boy having a long prepuce—a piece of loose skin projecting from the very end of his private organ—should be operated on some time within the first twelve months of his life, for at this age the operation is simple, and the wound will heal quite readily, as a rule, without dangerous complications arising, while later on in life the per-

formance would be of a more elaborate nature, and would necessitate the administration of an anæsthetic. An infant will perceive a considerable amount of pain while the operation is going on, though it may be quickly and skillfully done, but it will know nothing of it a little time afterwards. If left there, this piece of loose skin will sometimes prevent the water from passing freely, and it may necessitate much straining in any case, leading to other misfortunes—rupture for instance. When a boy reaches a later age with such an affliction, he will be likely to be nervous and wet the bed; and occasionally quite serious bladder symptoms will result; so that mothers had better bear the condition in mind, and have their children operated on when quite young if they require it. When the operation is performed later than infancy, the dressing afterwards being often distressing to both mother and child, it is sometimes advisable for the little patient to be sent to a hospital for a week.

Occasionally a child may be born with some kind of tumor growth. A red nævus condition will considerably disfigure the face in certain instances. Such can all be operated upon very successfully, except when they cover a large area in the form of what is known as "port-wine stain," then operation would be recommended with much reservation.

Hare-lip, if not operated upon early, will remain a most unsightly deformity for life, rendering the sufferer almost repulsive to look upon. The speech will be altered by it, especially if it be the double form having a cleft on both sides of the upper lip. The operation had better be done between the third and fifth month of infancy, for it causes a good deal of hæmorrhage which younger infants cannot bear very

well; it must also be done before the teeth begin to appear. It is associated with cleft-palate.

The feet of baby may be "clubbed" in various directions. This sometimes results from the fœtus in the womb being placed in a wrong position, while occasionally it occurs on account of the contraction of certain muscles. Good surgeons are able to make quite nice looking feet out of most of these deformities.

One of the most trifling deformities, and perhaps the commonest of all, is what is generally termed by nurses and others "tongue-tie." Nurses seem to like to point out these things to the doctor, and some of them will show him every baby they attend to, so that he shall see if they have the condition, fussily imagining that it exists because of the child's squealing, perhaps, or on account of some peculiarity of sucking they think they discern. If the baby really have "tongue-tie," the tongue will be prevented from moving properly, on account of a string-like piece passing down to the floor of the mouth from the tip, which may be seen quite easily when the tongue is raised. Most people have the same condition, to some very slight extent, quite naturally. But if it come too far forward, and is too strongly developed, it will interfere with suckling, and later on in life even with proper speech. The doctor will cut this string in such cases. This very simple and harmless procedure need not worry the mother in the least; it can be done in a moment.

Convulsions are a comparatively common affection, liable to occur during infancy, for at this time of life the nervous system is of such a delicate nature, and may get out of order on the slightest provocation.

The fits are very easy to recognize, as a rule; most mothers have seen or heard of instances among either

their own children or those of their friends. They are not altogether unlike the epileptic fits. They generally commence by a turning of the head to one side or other, backwards, while the eyes are also themselves fixed to one side; at the same time the arms and legs are stretched out and stiff. The face is pale at first, but grows livid very soon. The first stage occupies a few moments, being followed by twitchings and violent convulsive movements throughout the body. The whole fit lasts a few moments, and then the infant will gradually recover. Other seizures may follow after short intervals, during which complete coma or unconsciousness may be present, which would appear not unlike a natural sleep but for the fact that little twitchings may be observed now and then.

Mothers should always view unusual twitchings about the arms and legs with concern, from the first, and consult their doctor, for the actual convulsions may frequently be warded off; infants likely to suffer from fits will nearly always manifest some amount of jerking or sudden contraction of the limbs for some time before the first one occurs. Very often the fingers and thumbs of each hand will be observed to turn into the palms, and the wrists may also be bent inwards some time before a real fit occurs. If such symptoms can be seen in time, appropriate remedies may prevent further developments.

Convulsions may either be very mild in character or so severe as to end fatally. There are all degrees of of severity. Sometimes only a turning of the eyes and a rigidity of the limbs may be noticed, and no more. Real fits themselves are generally quite easy to distinguish, but the cause of them is not always very clear to the mother; and, after all, it is the cause that

ought to be discovered if future prevention is desired as well as temporary cure.

Among the causes of convulsions in children may be mentioned acute illness, such as measles, scarlet fever, and pneumonia, but these will be more likely to act as causes a little later on. A more likely cause in the very young infant is more the subject of our attention in this book, will be exhaustion following diarrhœa and vomiting; while *the most likely of all is some error in diet.* Indigestion will cause convulsions; and when an infant has been improperly tended over a long period there may be several causes acting together to upset the nervous system. Convulsions are very commonly associated with the condition known as rickets, described in a former chapter, a disease entirely due, in the majority of cases, to improper feeding.

Worms in the intestines will sometimes cause convulsions, but these also will be more likely to make their appearance later on in childhood; again, pin-pricking had better be borne in mind by mothers, as a cause; therefore great care should always be taken that only safety-pins are employed by nursemaids or anyone handling an infant. Cutting the teeth between the sixth and twelfth month may be mentioned also as a cause.

Whenever a mother sees her infant twitching in the face or limbs, or moving its eyes in a strange manner, let her remember the possibility of convulsions following, especially if the fingers and thumbs are stiff in the manner above referred to, and turn to household remedies on sending for the doctor. While hastily puzzling out the probable cause, not forgetting pins, a little mustard from the tin may be mixed with

hot water; put this between very thin muslin, making a pure mustard poultice—about the size of the baby's hand. This little poultice should be laid on the back of the infant's neck, and held there a few minutes, or it may be kept in position by a soft handkerchief, while some more mustard is stirred up in a basin of warm water—into this the infant's feet should be dipped.

These two measures are the best to adopt first of all, whether an actual fit has occurred, and is then going on, or whether merely the preliminary twitching has been observed. By such means convulsions may very often by altogether prevented. Warm baths are very commonly resorted to, being strongly advocated by some doctors; but while recognizing and admittting their advantages, the present writer has greater faith in mustard being applied to the neck and feet in the manner above referred to. Local counter-irritation is produced, by such means, at points diametrically opposite to the brain, while baths create such a general rearrangement of blood supply as may act in the very opposite way to the one desired.

If convulsions occur, and the bowels have not been properly opened, a suitable powder should be administered, as soon as relaxation of the muscles will allow it to be put on the tongue, a grain of gray powder being one of the best and easiest procured. Then, as soon as the infant can swallow, it should have some bromide of potassium, given dissolved in water, three or four grains in a dose; this should be repeated in an hour, and then in two hours again. Before another fit occurs, the doctor had better be sent for. He will give directions as to immediate treatment, according as he divines the cause and gauges the general condition of the infant; and as regards the

future, he will give indications respecting feeding and other matters. He will be almost certain to agree with this advice also: that a baby's enema may be administered, if constipation exist.

If a mother be at all anxious about the general condition of her infant at any time, and if the latter should manifest such signs as suggest the advisability of administering some kind of medicine, the very greatest caution and care should be taken concerning what is chosen or recommended; while the very last guidance a mother should take is that printed on the advertisement pages of so many newspapers and journals. Advertised medicines, as well as foods, cannot always be relied upon, for they are proclaimed as being suitable for so many different conditions; they cannot exactly suit all.

No two people are alike, and no two babies, and the reader will readily understand that both mother and child will run some risk if she should purchase any advertised nostrum for her infant that happened to catch the eye—not that such remedies may do harm of themselves, but rather that they may prevent other more effectual and perfect remedies being adopted. Valuable time and opportunity may thus be wasted. Fortunately, cordials and soothing syrups do not seem to be quite so much resorted to nowadays as they were formerly. They have been the ruin of many a constitution.

Mothers should endeavor to obtain reliable advice, either from their best and truest friends, or from their doctor—who may be both friend and scientific adviser —regarding the medicinal treatment of even trifling ailments of their infants. They ought not to treat a scream simply as a scream, and rush to some quiet-

ing medicine they think may likely stop it, but should try to find out the cause of the scream, and take away that. It is wiser and better to prevent griping by a judicious alteration of diet, rather than simply attempt to deaden the pain by a draught.

There might have been some excuse in years gone by, for mothers who purchased so many cordials and syrups, when doctors were not so numerous as they are now, and when fees were higher. There ought to be no excuse now. An intelligent parent will have no difficulty in eliciting the very best advice on all subjects relating to herself and infant; every family doctor expects a few minutes' chat at the house he visits, and this occasion should be chosen for asking him various minor questions. An enterprising mother can get a lot of information out of a communicative and cheerful doctor, if she choose, and thus save many excursions to druggists and postal orders to quacks.

Too full a belief should not be maintained in the word "harmless," when drugs are inquired about or when advertisement pages are scanned. Harmless is, after all, merely a relative term, if not generally simply a trade expression, to be viewed with guarded amusement, as a rule. Harm may not be done at the time, or even shortly afterwards; but in after months or years the harvest of indiscretion or blind faith may be great. Happy are those infants who require no medicines; who have assimilated the best sustenance from their mother and are strong!

A female infant will sometimes develop swollen and tender breast-glands. Old-fashioned nurses and ignorant midwives are very fond of noticing these. They delight in drawing a mother's attention to the condition, and in making her believe that it is a very

important one; but above all, they pride themselves in being able to suggest a treatment. As an instance of brutal barbarity, nothing can equal the habit that some nurses have—and midwives too—of rubbing the breasts of female infants. If there should be the slightest sign of swelling or redness of the breasts, the nurse will proceed, as she says, to "rub them down;" and this has even been done without there being any sign of abnormality about them. Cases have been seen where abscesses have formed on account of this practice; in fact, the present writer first became acquainted with this abominable system through a case of double abscess in an infant coming before his notice. The mother was questioned as to whether anything unusual had been done to the breasts of the patient, and she admitted that the nurse had thought that the breasts were too full, and she had been "rubbing them down." Such habits as these simply indicate the extent to which nurse-vanity will reach; they grow out of an everlasting desire to appear wise; they may be learned from other nurses—in most cases they probably are—but the origin is always, really, a contemptible, meddlesome, little-minded vanity at bottom.

A doctor recently exhibited before a foreign medical society a young married woman, delivered of a child twelve days previously, whose left breast was absolutely undeveloped. "No trace of glandular tissue could be felt." The nipple lay against the ribs. The mother of this patient stated that her "nipple-strings had been broken" by the nurse after she bad been born. *Who would ever dream of the fact that many women are now wanting in properly developed busts because of the foolishness of their nurses?* This habit of ignorance is

far commoner than many would imagine, and the above case shows that it prevails also abroad.

Unless abscesses actually form, infants' breasts should be left severely alone. The moment any swelling or redness is observed the less done the better. Perfect rest and non-interference on the part of lay busybodies will allow Nature to run her curative course. Very rarely will abscess form if infants' breasts are left alone; but they are almost sure to occur if any squeezing or rubbing is tried.

Sometimes an infant will develop an unhealthy state of the mouth, manifested by a whitish coating on the tongue, gums, and inside of the cheeks. This condition also sometimes goes by the name of "thrush." There are many causes of it, and it will therefore vary a good deal in character. The commonest cause, however, is improper feeding. It will be well for the reader to understand that the condition of the mouth proves also an unhealthiness of the whole digestive and intestinal tract. Indeed, mothers may observe for themselves that an infant suffering from "thrush" will often be very sore about the back passage at the same time, while diarrhœa may also complicate matters.

In order to treat this affection properly and prevent its recurrence, the diet should therefore be suitably readjusted, and, above all, the method of feeding should be altered if it is defective; bottles and tubes should be perfectly cleansed, if they are used at all, for such provide a very fertile source of mischief. If the infant is feeding on the breast, then care should be taken that the nipples are properly cleansed in the manner advised in a former chapter. A little medicine containing bismuth and soda will help to correct the catarrhal condition of the digestive tract at first, pre-

ventive measures being quite sufficient afterwards. For the mouth itself there is nothing better than a little powdered boracic acid (ten grains to the ounce of water), applied for a day or two about the mouth. Honey or glycerine with the boracic acid are not recommended, as they tend to undo all the good that the latter itself is capable of doing.

My readers have once been infants, and their own infants will—let us hope—develop into creditable adults; thus, one from the other, we spring. Few are perfect; many are a sorry disappointment to their Creator! Humanity is struggling hard in the great fight—in the keen competition. If health be the chiefest and first wealth—for without it nothing has a real value—then should not all do their utmost to obtain it, and above all, watch and care for the innocent and helpless who are dependent—a progeny which is to convey good or bad characteristics according as we mature, rear, and educate it? Let us realize, that, after all, the solution of the problem of race degeneracy is within the power of each one of us contributing something; means of improvement lie in the hollow of our hands; let us pause in our race for riches and ascendancy, striving for mere material gain and passing pleasure, to remember that the sins of parents confer cruel afflictions upon their children.

"To be well-favored is the gift of God."
—TURNER.

CHAPTER XXIX

THE BLESSING OF CHILDREN

It is not often one can find married people who really desire to have no children. Sometimes they will say that they do not want them, however, in order to save any reproach for not being blessed with them. While some have been known to go even further, and have led some of their friends to believe that they have adopted certain methods designed to prevent conception taking place; it is not at all uncommon for barren women to remark to those most intimate with them that they do not want a family, and that they know what to do in order to prevent conception, when in reality they have done their very best and failed.

There are few disabilities that are more disliked than an incapacity to produce offspring; it often vexes both husband and wife to an unbearable extent. Friends of a childless couple will make comparisons in domestic life, and exultingly point out the blessings their own children have brought them. And, now and then, they will even ask, quietly and insinuatingly, certain unpleasant questions regarding the sexual relationship which subsists between an unfortunate pair. Instances are known to the writer of constant and incurable bitterness existing between husband and wife, simply because the latter—so the husband has imagined, though it might be his own fault—is "not sufficiently a woman to bear a child." In some cases

he will never allow the grievance to be set aside; it is always there, and influences to some extent every thought and action in which both were concerned. In such instances it seems to the outside observer that it would be far better if a separation could take place, so that both could live out the rest of their lives in more suitable and congenial society. Such wretched husbands think that every other woman they meet is better than their own wife, and they often have the strongest inclinations to act unfaithfully—only to further intensify the dissatisfaction with their own wives.

On the other hand, even just one child—what a priceless blessing to most right-minded people—it will add another irrefragable link to a bond of union; it will bridge over many little springs of discord, creating a common interest and happiness, cementing the souls of both into an everlasting and undying unity. No; not always; that is true. But generally. It is the exception when such is not the case. Children will be the means of softening the harshness of the most brutal, and of converting the deadliest dissatisfaction into a full appreciation in not a few instances.

A wife once sought advice from the writer for dyspepsia and mental depression, and on being asked whether she had any troubles, she hesitatingly replied that she did not get on at all well with her husband. He had always been dissatisfied because she bore him no children; this grievance seemed to cause quarrellings and feelings of discontent at every turn, no matter what might be done to try and improve the situation. So she was advised to go away for a few weeks; it was pointed out to her that a temporary separation was a very good thing, for several reasons.

Firstly, it would stop the "rows" and "scenes," and consequently improve the dyspepsia which resulted in a great measure from them. Secondly, it would enable the husband to calmly think over the whole matter, and would help him to recover a more reasonable frame of mind. Thirdly, absence would have some chance of making the heart grow fonder. And fourthly, probably the husband would find life alone rather dull, after all; he would miss all those little comforts he had grown to imagine came of themselves, and had very little to do with his wife. He would be obliged to look after many things in a manner that he was not in the least accustomed to; even the meals he would require to give directions about, and then find fault with. He would be uncomfortable in many respects.

She went away. Before very long she was quite surprised to receive letters from her husband which every day increased in size and tone of affection. Very soon came the anxious inquiry as to when she thought of returning, with explanations as to his difficulties, troubles—and even unhappiness—without her. She wisely thought, however, that it were better not to return too soon, that a good dose of this sort of corrective might just as well be administered at one and the same time. The cure worked beautifully. She remained away long enough to punish him pretty well for his past dissatisfaction, and to learn that, after all, he had some real regard for her. She herself at length rather wanted to return, coming under the influence of the evidence that her husband had grown contrite and was now showing a certain amount of regard for her, after all.

This preparation for reunion gave the best promise

for a more cordial and harmonious future, which would be all the more likely to last as the prolonged separation had in the end almost developed into an unendurable agony. She returned. Their meeting distinctly showed that they now loved one another more than ever—at least neither had ever felt quite the same considerate feelings towards the other before. Everything of the past was forgiven; there was joy all round; even the cat purred more vigorously, while the dog barked its appreciation of its master's unusual rapture and joined in the general reconciliation.

Needless to say, the dyspepsia all vanished during the absence. Hearty meals could now be taken without discomfort. It almost seemed like a new honeymoon—in some ways even better. One morning, a few weeks afterwards, the wife kissed her husband and said she believed she was "in a family way." Soon her surmise was confirmed, and the two scarcely knew what domestic unhappiness was ever afterwards.

One may merely witness the absorbing interest and love a mother shows for her children to realize the value of such. She would at any time give her life for one of them. And the father, what joy he shows when among his little ones! There is no sensation to equal it—no diversion to compete with a romp with the youngsters. Parents will talk over the education of their children months before the latter are fit to commence; they will think of employments years before these can be engaged in. Thoughts of self—or of the other—between husband and wife, gradually merge into a double adoration for their offspring growing up around them.

A wife was once asked by her nearest friend whether she lived on the happiest terms with her husband.

"Yes—now," was her reply. She explained that for a long time they used to have quarrels, but the advent of children changed all that. "The children stop all serious 'rows' now," was her remark.

As medical attendant I once had full opportunity for studying the lives of a husband and wife who both drank to excess, necessitating the occasional visit of a doctor. It so happened that these two were asked by certain members of their family, who were not aware of the domestic unhappiness that subsisted between the two whether they would take a niece to live with them who had become an orphan. They could not well refuse, but at first thought that she might be in some ways a nuisance. I watched for months—and even years—the effect of this child upon the two. They began by making their house and garden more respectable than it had been for a long time past. Soon their personal appearance became more cared for. Eighteen months after the child's arrival I had occasion to professionally attend the husband, and to my astonishment found that both he and his wife had become total abstainers. The wife explained frankly to me that they were all the better for it; "and my husband, too, he now does a lot of gardening, and we are both very fond of our dear child."

In the above instance, even though the child was not their own, they developed such a regard for it, and acquired such a sense of duty, accumulating an amount of self-consideration, that compelled them to set a decent example, and obliged them to be careful what they did or said, until the time arrived when the chief diversion was not in quarrelling—but in amusing, educating, and tending the little one.

But even when perfect harmony and contentment

prevails between husband and wife, children will convert selfishness into generous consideration for others; they will create sympathies and affections for others, compelling the self-centered to take thought for others and to find happiness in working for others. Most right-minded people cultivate hobbies of some sort, or at least seek certain diversion from the irksome round of daily duty; the most absorbing and untiring parental hobby is usually the interests of the "youngsters." To such an extent do parents grow a regard for their children that ultimately many lose personal aspiration altogether in seeking advancement and happiness for those who will live after them. Thus are fortunes sometimes sought and made—chiefly and avowedly for the boys and girls to enjoy later on.

"Thy children like olive plants, round about thy table.
Happy is the man that hath his quiver full of them."
—PSALMS.

CHAPTER XXX

CONCEPTION

If women were to think over the subject at all—and most married women are led to doing so at some period of their lives—they could not help the fact coming into their minds very soon, that conception among human beings is comparatively rare considering the close and constant relationship which exists between man and wife. It is quite exceptional for sexual association among animals to give negative results. Animals almost invariably conceive after a single sexual union.

There cannot be a doubt that the constant living together of man and wife, instead of increasing the possibilities of conception, diminishes them. A woman is far more likely to conceive if she see her husband on rare occasions that if she be constantly his companion. This explains, to a great extent, the fact that animals so much more readily conceive than human beings. Animals are not so constantly together; they group or herd together, it is true, but Nature does not prompt them to close and undivided association over long periods. Moreover, Nature gives them certain seasons for changes to take place in them which render them irresistibly attractive to their opposite sex. At certain times of the year animals give indications of alterations occurring in and about their womb and

sexual organs, that are an equivalent to menstruation in woman, and the males instinctively perceive that these seasons are favorable for sexual association.

Not only do animals sexually unite comparatively rarely, but they do so at a time that is absolutely the most favorable for producing offspring. It is quite different with human beings, who are not governed in their actions solely by natural or instinctive promptings, but very much by artificial circumstances. Their sexual union is not effected with any particular understanding that they ought to select a time that is most favorable to conception; indeed, as often as not just the very opposite is intended; times are frequently chosen when conception is least likely, for definite reasons.

It is practically impossible for animals to unite sexually unless the proper "season" for the female has arrived. At other times she will resist the slightest interference of an amorous nature, and will have none of it. Neither has the male a very strong desire while the female shows none; he knows what the ideas or feelings of the female are, by instinct, and is attracted or not accordingly.

A short and simple comparison between the sexual habits and tendencies of human beings and animals has been given, so that the reader shall better understand the subject of conception and the probabilities and possibilities of its taking place. There is a certain time for all animal and human females when conception is more likely to take place, and an effort has been made to show that animals instinctively choose this time for sexual union, while human beings may even avoid the corresponding period. Jewish people have a habit, as part of their religious principles, of avoiding

sexual union during, and seven days after, the menstrual period. Hence one great reason for the rarity of human conception, as compared with the almost invariably fruitful union of animals.

Considering that human beings are endowed with such highly complex and refined mental capacities, it will not be at all surprising that the mind has a good deal to do with conception. Nature provides animals with certain inclinations and apparent understandings which are chiefly purely instinctive processes and energies. Favorableness is found out, and engaged with, by sheer force of instinct; and the same set of circumstances that leads to one thing leads to another, the female attractiveness that lures to intimate association presenting also the prepared ground for conception and the growth of progeny within. But the attraction of women for men is also regulated largely by means of their mind, which reciprocates and meets, through its comprehension and intelligence, the faculties of the husband. She has certain features, and may even be fair, but she has also a brain by means of which she can indicate her sense of appreciation.

When it is considered that man and wife have so many opportunities of sexual association, it will create some astonishment that only comparatively rarely will all things be perfectly favorable to conception, whether encouraged by body or mind. Yet it will now be more readily understood after a little thought how this comes to be so.

The mind cannot constantly and forever help in demonstrating a favorable inclination, and we know perfectly well that if familiarity does not always breed contempt, it certainly tends to diminish sexual perception and tendency in the long run. It is a fact that

variety and contrast conduce to the largest amount of sensuousness and sexual indulgence, and it follows that sameness or uniformity leads to a lessening of inclination. Husbands and wives who do not see one another for a time come together again with renovated ardor and attraction. After an interval of separation the wife is much more likely to conceive than if she had not been apart for a long time.

It has been observed that animals which are kept constantly together in a domesticated state have not the same inclination for sexual union as those which have met under wild, accidental, or more instinctive circumstances, even though their natural favorable "seasons" have appeared in due course. In some instances it has even been found impossible to induce animals to breed during close and uninterrupted association; but if the male be introduced after some period of separation, it will at once cause conception in most instances.

In order to point out more clearly that close, constant and unchanging association between husband and wife makes a disinclination and consequently diminished chances of conception, it is only necessary to draw the reader's attention to the interesting fact that conception often occurs in a new place of residence. In such a case no separation has occurred to create renewed attractions on meeting again, but new surroundings have created refreshing sensibilities, which have stimulated the inclination. The change is perceived in a pleasing and exhilarating spirit conducive to mutual acceptance.

The case is remembered of two brothers who were partners in business. They resolved, after a stroke of good luck, to take larger and better houses to live

in, both going into occupation, with their wives and children at the same time—almost the same day. Their wives had not been pregnant for some time previous, their respective babies being three and two-and-a-half years old. Both conceived within a few days of occupying their new houses.

Some extraordinary instances might be given of women who had ceased to bear children for a number of years, again conceiving on account of some change or other in place of residence, or through being married a second time. Just one may be mentioned. A man and his wife had had two children, the youngest being sixteen years of age. They had never separated more than one night at any time, at least for twelve or thirteen years, and it was at length necessary for the man to go on a business excursion to the Continent. He was away three weeks. On his return, his wife conceived again at once, and gave birth to another child when the time came. She had thought it quite impossible, after so long, to become pregnant again.

Seaside visits are most favorable to conception. Almost everything is perceived as a pleasant change; even the health and spirits are usually improved. So many people visit the seaside nowadays that the effects as regards conception are fairly well known.

It might be interesting to the reader if some extraordinary views held by savages regarding conception were mentioned. Some of the native tribes of Central Australia have no notion that mankind is propagated by the union of the sexes. They believe that the spirits of their ancestors are constantly waiting near the "spiritual storehouse" for an opportunity to be born again into the world, and when these spirits see a favorable opportunity they pounce down upon any

woman or girl they see and effect a union with her. She then conceives. The spirits are supposed to choose only young and fat damsels. Therefore, if a woman be young, and have no desire to become pregnant, she imagines she can prevent it, when having to pass the places frequented by spirits, by disguising herself as a withered old hag, bent double and leaning on a stick.

Not only do certain savages manifest this ignorance concerning the reproduction of their species; an instance is recalled of a lady who finally declared her servant had become pregnant through the visitation of some Holy Spirit. The writer happened to be consulted about the state of health of this servant, the mistress explaining that the girl had been enlarging in the abdomen lately, and first she thought that some tumor growth was present to account for it. A little questioning showed that the mistress, who was an elderly spinster, was quite sincere in her original supposition. After an examination it was found that the girl was pregnant, and with every consideration and delicacy the decision was communicated to her mistress. The lady was living with a bachelor brother, in a house desolately situated in the country, and being the daughter of a clergyman she had been brought up on very strict and narrow paths, never having been much away from home at any time of her life. The servant had been in her mistress's service for several years—in fact, had been trained in this situation ever since she left school. It was thought impossible that she could have ever heard or dreamed of anything wrong, much less have had intimate interviews with anyone of the opposite sex, so strict were her movements kept. Her mistress had supposed that

the girl was as innocent and unacquainted as she was herself.

The verdict of pregnancy was therefore received with not only astonishment but absolute disbelief. The mistress protested that such could not possibly be the case, for she could account for every movement of the girl's life. Both went away angry and dissatisfied. "Impossible! Impossible!" This argument went on, month after month, until the child was born. *Still the girl denied everything, and still her mistress had faith in her.* On talking the matter over with the lady, after this conclusive event, the writer was appalled at the solemn and evidently well-believed statement of the mistress—that the poor girl must have been visited by some spirit or superhuman power. It was no joke, the woman honestly believed her theory, and did not blame the girl in the least, until many months afterwards, when this remarkable type of domestic innocency had to leave in a hurry. Her mistress went one evening into the kitchen to do something, and was proceeding to dry her hands behind the half-open outside door when a hushed voice lisped: "Well, darling" The "spirit" flew from the house, and the mistress's brain. A real live lover it was! And the baby, which had been brought up in the mistress's house as a miraculous and heaven-sent blessing, was soon accommodated in a reluctant grand-mother's cottage.

The remarkable case of Joanna Southcott is worth referring to, as an example of an opposite nature. She was a woman of humble extraction, born in Devonshire in 1750. She began early to pose as a prophetess possessed with superhuman powers. She attracted a considerable following about the year 1792, when she

published her prophecies in prose and doggerel. Among these was a "Prophecy concerning the Prince of Peace," whom she was to bring forth herself! It is thus further reported concerning her:—"In 1814 it was announced that she was with child, and would shortly give birth to 'Shiloh.' Great excitement was caused when her expectations were confirmed. A magnificent silver cradle was prepared and expensive preparations made in royal style. The time of the nativity was fixed 19th October, 1814. That day and succeeding night the house in which Joanna lived was surrounded with crowds of the credulous and curious. But the day passed and no child was born; it was, moreover, officially notified that the prophetess had fallen into a trance. The poor fanatic was really suffering from dropsy, and died shortly afterwards. Her followers, however, would not believe that she was dead; they supposed that there was a mere temporary suspension of her vital powers, and even after her interment some believed she would rise again and fulfil her prediction. Before her death she avowed that 'if she has been misled, it was by some spirit, good or evil.' Many still believed in the truth of her pretensions."

The writer has been particularly struck with certain instances of dread on the one hand, and desire on the other, regarding the possibility of bearing a child—wishes that have been as clearly opposite as anything could be. Women have been known—and the reader must have heard of them too—to resort to even criminal procedures in order to dissipate a conception; while on the other hand, others have even gone so far as to engage a resident medical man who should give indications to his patient from day to day, or hour

to hour if necessary, as to what she should do and how she should proceed, in order to retain the fœtus after having conceived. The lady may be referred to who never walked even during early pregnancy, though she seemed in the best of health. She had had one miscarriage, and she wished so much to give birth to a living child that she was either carried or wheeled about in a chair during all the months of gestation. Such was her determination and perseverance.

Perhaps the commonest and most serious reason for the urgent desire of a wife to bring forth a child is the supposition on the part of the husband that there is something wrong with his wife, something anatomically or physiologically defective. He grows dissatisfied, and considers that he has been cheated; he feels aggrieved that he is tied to a partner of imperfection. He thinks that others imagine him to have only a poor specimen for a wife. He is angry about it. This cause of urgent desire to have children is mentioned the more particularly because it very often means an unhappy state of living generally, and as often as not it leads to a great deal of ill-feeling and wretchedness between husband and wife.

A couple was once known to have developed such a state of dissatisfaction and despondency that they decided to adopt a child, after failing to create one of their own during the first three years of their married life. Within two weeks of obtaining what they considered a sufficiently suitable one the wife became pregnant. This was a remarkable circumstance, and one rather hard to explain. Probably the joy and pleasure of having a baby to look after raised the wife's spirits, and further stimulated the desire to beget one of her own; or it may be that the shame of being bar-

ren was exacerbated by the possession of someone else's child. When her own child was born she loved it so much more than the adopted one, naturally, that she soon had the latter one placed elsewhere. It is interesting to note further, in this connection, that the care and fondling of the young is often known to engender a disposition, and even ability, on the part of the foster-mother to become productive herself.

Very often a wife thinks her husband is at fault if there are no signs of a family. This idea often leads to the very greatest unhappiness; and instances have been known of husbands who have even gone so far as to prove their capability of producing progeny by acting unfaithfully, separations or divorces soon following. Even wives have been known to do the same thing, believing that their husbands were not sound; and in some instances the husband has been led to believe that he was the real father in order to make things happier for both. All *may* be well that ends well, but such methods could scarcely be recommended. Most people would admit that it were better to remain childless than to break one of the commandments and practice a cruel deception.

Failure to induce pregnancy will sometimes give rise to imagined pregnancies, as we have already seen. In some cases the desire to bear a child exists so long, and becomes so urgent to both husband and wife, that the latter begins to imagine she really has conceived. Her nervous system may be so influenced that an increase in size really does take place, and what is known as a "phantom tumor" appears. Doctors were formerly sometimes a little puzzled by these false swellings, finding it difficult to decide what they were, but they are now able to clear away all doubts quickly

by the administration of an anæsthetic. If a woman have a "phantom tumor" this will disappear when she is rendered unconscious by chloroform.

There was once great joy in a house when a wife announced to her husband that she was certainly pregnant. They had waited patiently for two years and the misery of hopeless expectation was becoming too awful to bear, especially as all sorts of accusations and quarrellings were becoming fairly frequent. As all friends seemed to show just a very little doubt as to the actual condition of the wife, the doctor was sent for and an examination made. To her annoyance she was told that no pregnancy existed, but that she merely had a "phantom tumor." She implored the doctor not to tell her husband, because the latter was so pleased she was at last pregnant, and she made a suggestion to him; the doctor, however, left without seeing the husband, and with a fixed determination not to be party to any design such as had been referred to.

The wife kept the doctor's true verdict a secret from her husband, and for a long time deliberated within herself as to what she should do. She had seen what pleasure her husband had derived from the prospect of her having a child, and she had observed how different he was towards her on this account; she felt that she would do anything to present him with a child—even if it must be someone's else. So she thought out the whole matter very carefully, and came to the conclusion that she might smuggle in an infant belonging to some other woman, pretending that she herself had given birth to it.

The doctor was again sent for, and the scheme was more fully talked over with him. What could it matter to him, she argued, so long as everything passed

off all right. Would he not help her in this urgent endeavor to please her husband? He replied that he could not. He sympathized with her thoroughly, but could be no party to what was a most deceptive and dishonest procedure, in spite of her beseechings and protestations. On leaving the house, after the interview, she appealed to him again once more to think the matter over and help her, adding, deliberately, as he drove off from the front door, the words: "I *shall send* for you when the time comes!"

The time came. The woman had meanwhile discovered a country laborer's wife who had advanced in pregnancy sufficiently to suit the date of her own confinement which everyone expected—excepting herself and the doctor. She had made private arrangements to adopt the child of this poor woman for a premium, while the strictest secrecy was to be observed as to where the infant was to go, and all about it. Everything was timed to a nicety. Doctor and nurse were sent for just after the new-born infant had been transferred to the house and placed in bed, and everybody was in a hurry with reddened and anxious faces, appearing as they generally do when childbirth is the order of the night.

The doctor arrived, and his "hard heart" with him —but no midwifery bag. He responded to the call, of course; having merely received the message to go as soon as he could, he thought it quite possible that there was a genuine case of sickness in the house. He arrived and proceeded to the bedroom—there to hear the crying of an infant! In solemn and firmly-meant tones, after asking the rest to leave the room, he told the wife that he could not possibly enter into the deception, for if the truth ever leaked out he would

be ruined. He left resolved to have no more to do with the case, after remonstrating with the wife for not taking him at his former word.

The husband, not quite understanding the movements and demeanor of the doctor and others, hastily proceeded upstairs in order to find out exactly what the state of affairs was. There he found his wife speechless; she was completely undone. After some silence, and a few tears, the nurse was ultimately compelled to explain the proposed deception. There was endless bother afterwards, and the last state of the married relationship was worse than the first.

Now let us remember what conception is at this stage of our thought. It results from the meeting of what are called spermatozoa—those fertilizing agents which come from the male during sexual intercourse —and ova, which escape from their location near the womb of a woman, and which eventually find their way in to the womb through certain tubes, about the time that a monthly period is either commencing, going on, or passing off.

Menstruation is a function which prepares the womb for any good chance it may have of harboring a fœtus. The minute ova, or eggs, pass into the womb somewhere about the time that the womb is thus preparing itself. If one should happen to meet a spermatozoon there, it becomes impregnated or fecundated—that is, the spermatozoon joins the ovum and they become one, the impregnated ovum afterwards undergoing rapid and remarkable changes in development with the womb.

There are one or two points concerning this impregnation or conception which wives ought to know. Though it is more likely to occur somewhere about

the time of a monthly period, and most likely of all just afterwards, for reasons already given, it may yet occur at any time between the periods. There is no hard and fast time respecting its occurrence. The seasons of highest sexual sensation in a woman are just before and after the menstruation period; so that everything points to these times as being the most favorable for conception; indeed, extensive observation has proved such to be the case.

Now, the passage of an ovum in a woman is more or less irregular as regards time, in relation to the menstrual flow; and, moreover, the exact position it occupies in or out of the womb at the moment of impregnation is very variable and subject to dispute; so also is the behavior of the male spermatozoon very variable under different circumstances. Pregnancy has been known to occur when ordinary complete sexual connection had been impossible, on account of malformations of the female organs of generation, showing that in some instances the male discharge need only be outside—so long as there is any passage at all communciating with the womb—or at any rate, a very little distance within the female canal—in order that conception may occur.

It is true that the more complete the act of connection the more likely conception is to occur, other things being equal—that is to say, if there is no other reason why conception should not occur. If the male discharge is deposited right at the very neck of the womb, or even into it, then conception would be far more likely than in the rare outside case just mentioned.

The male spermatozoa have remarkable powers of finding their way within the female passage. Infini-

tesimal as they are, and only capable of being seen under powerful magnifying glasses, they are rapid and very energetic in their movements, and they will find their way very quickly to desired situations, where they may meet an ovum.

This subject has been touched upon because wives might labor under the very mistaken notion as to what is sufficient to cause pregnancy and what is not. Some rules, probabilities, and exceptions are given so that the reader may have some useful idea concerning such matters.

The reader might further be interested to know that injections of fluids, used for the illegal purpose of preventing conception, or for ordinary cleanliness' sake, will not always kill the spermatozoa; they will kill them if they can reach them, whether they be of a nature as simple as water itself or whether they are the most powerful drugs. Sometimes the spermatozoa will be so far injected, and the sexual exercise of function on the part of both will be such, that some of the fluid will find its way into the neck of the womb (not merely near it, as is common) during the very act of connection, and will remain there; it may thus pass in out of reach of any fluids injected in the ordinary way. It could not be denied that injections of fluids into the vagina will be likely to kill the spermatozoa *in a good many instances*, but they will not do so always, by any means.

Women should remember that pregnancy may possibly occur even though there have been no appearance of the monthlies for some time (which suppression has occurred on account of ill-health or former childbirth). The ova are deposited in the womb in such cases, in spite of a cessation of menstruation.

Pregnancy has even been known to occur when no menstruation has ever taken place in a woman.

"All thoughts, all passions, all delights,
Whatever stirs this mortal frame,
All are but ministers of Love,
And feed his sacred flame."

—COLERIDGE

CHAPTER XXXI

STERILITY

The constant close association of the human sexes has already been referred to as having effects very different from those produced by the accidental or purely instinctive meeting as commonly occurs among animals in a wild state; the former has been shown to be much less productive than the latter. It would therefore seem fair to deduce from these facts that too close and constant association is a very potent factor in the promotion of sterility.

The truth of the matter is, that among other necessary conditions there must be favorable states of mind and body, if conception is to take place, and constant close association tends to diminish those favorable states. We have observed these facts, not only among wild animals, but also among animals kept in domestication. It is true that animals have but poor thinking powers, yet whatever perceptions they have tend to influence their physical and physiological changes and their inclinations.

Most movements proceed from the brain, the organ of perception, of both man and beast, whether ruled by instinct pure and simple, or by higher thought; and, though inclination is a strong factor, this will not explain so many instances of sterility that are observed from the very first cohabitation; it will rather

give a reason why the tendency to conception vanishes altogether. Therefore the writer will proceed to deal with other causations of sterility, some of which have never been dealt with before by authors.

In considering this subject the reader must at the outset appreciate the fact that human marriages so often constitute a more or less artificial meeting of the sexes, rather than a natural one. Thus many young men and women meet by design—such meeting have been frequently engineered by some skilled match-maker—the date of wedding having been arranged months beforehand, probably; they do not meet either accidentally or by instinct, as animals do. Therefore in a large number of instances the most perfect natural preparation is wanting, initial sexual union not being so likely to be fruitful under the circumstances. The immediate inclinations of one or the other, or more likely both, not being developed to the high pitch reached in more accidental meetings, in very many instances, the results of union will be more likely to prove negative. It is a fact that very many women—not so much men—are quite unprepared for a sexual act directly they are married. Some are absolutely innocent, and sometimes even frightened, on first occupying the same bed with one of the opposite sex. Some readers will hardly believe this, others will know it to have been the case with themselves. And, when artificial preparation and arranged meetings have occurred, the act of union will not only, in some instances, be misunderstood, but will even be quite abhorrent. This need not be very surprising when we understand that the performance of a sexual act largely depends upon certain associated feelings preceding and accompanying it. If

these feelings should be absent, then what might be quite acceptable, or even desirable, may be comparatively loathsome.

But take the case of a couple, both having developed such ardent love for one another as has led them straight to the local hotel at night; such a union will very likely turn out fruitful on the very first occasion. Many women go through a whole married life without deriving any pleasure from sexual union, simply because their earliest and continued associations with the opposite sex have been artificial and cold, and nothing has afterwards occurred to induce warmth. Such early coldness is very frequently dispelled later on by certain changes or modes of living. Sometimes a couple will marry and remain quite cold toward one another, so to speak, for many months; then circumstances will occur that necessitate a temporary parting—perhaps the husband will be obliged to go away for some time on business. On coming together again the desires and sexual sensations will be greatly augmented—if they are not now actually perceived for the first time—because the novelty and early strangeness of the situation is now quite an old story, and the two will fall more easily into one another's arms, having had an interval to think well over the matter; they will now accept one another more for their own sakes, and at a higher and fuller estimation.

There are some who never get over this early coldness and indifference; there are some who never temporarily part. Early frigidity, in such instances, seems to freeze up all the desires, nothing occurring afterwards to thaw them. Coldness also tends to beget more and more, and very often the longer a cou-

ple remain together the more unresponsive they become.

Most medical men meet a good many instances of married indifference and inactivity in their experience. A couple once married and went through a very short honeymoon rather unhappily and very coldly. The wife had not been altogether thoughtless and innocent, but she had been distinctly unmoved and very uninterested at the idea of anything sexual. Her husband was of the unenterprising and phlegmatic order, who did not choose to argue the point much; indeed, having but very poor encouragement, he did not care to be selfish and to take his own way entirely. Weeks went on, until he thought there was not much use in occupying the same bed, if his wife wanted leaving her severely alone, so he proposed sleeping elsewhere. At this suggestion, for the first time since their marriage, she now returned just a little reciprocal indication of friendly, if not exactly sexual, regard; she did not want him to go. Learning now that a threat of parting was a capital plan to adopt, the husband thought he would go still further and stay away altogether for a few nights. The scheme acted splendidly, and there was soon a more becoming happiness created between them.

Nervousness will account for a good many cases of unusual demeanor or conduct during early, and even later, married life. There are some people so nervous—and peculiarly nervous—that they feel they cannot become thoroughly reconciled to their partner in every respect. Their timidity or fear never seems to leave them, and consequently, though sexual union may take place, it never results in conception, being indulged in more because it is looked upon as a duty,

or in order to give the other pleasure even though quite distasteful to the one.

A very remarkable case once came before the writer's notice, which shows the effects of nervousness, and illustrates the very strange conduct of both husband and wife under the circumstances. A wife sought advice for certain nervous symptoms, and a very full history of her case was required. After the first interview, during which she seemed somewhat reticent on some points, she departed, intimating at the same time that there was something else which she wished to communicate another time; she further explained that she lived on such terms with her husband that perhaps accounted in a measure for her state of general ill-health, but she would give particulars about that on another occasion, as she scarcely felt equal to proceeding any further just then. On next interviewing her it was ascertained that she had been married for six years, but that her husband had never had sexual association with her. This patient had finally been led to giving a full account of herself by being closely and necessarily questioned as to her barrenness, and concerning other matters associated with the womb—an organ so often involved in nervous conditions.

The case seemed so very unusual that the writer's interest was increased, and a very searching inquiry was made as to the early days of the married life of this couple, in order to fathom the full nature of her nervous condition, so that she might be successfully treated. The woman explained that she had always been so sensitive and nervous that from the very first she implored her husband to "leave her alone." He was very devoted to her, and had such consideration

for her feelings that he remained entirely submissive to her entreaties, and even went so far as to sympathize with her in her troubles. She always complained to him of great pain and distress when any attempt at coitus was made. She explained: "My husband is a very kind man, a very religious and good man, and he has never thought of going against my wish." The man, moreover, was observed by the writer to have rather a dull and passive disposition; at the same time there seemed to be a good deal of kindness of heart and religious resignation about him, as I gathered from conversation with him. After so many years they had grown quite used to living together in this manner, and appeared to think very little of it.

The woman's general condition was studied; her nerves were improved by medicine, general principles of treatment being also adopted; then both she and her husband were strongly advised to commence sexual union, no matter how disagreeable or painful it might be to the woman at first. In a few months she conceived. This case was the more remarkable because the two always got on with one another so well in every other respect. They were perfectly happy otherwise, and thought a good deal of one another.

Some married couples never get on well together from the first, in any way. They have perhaps been led into marriage by various circumstances over which they have had little control; while they have gone on a honeymoon, and taken up housekeeping, because they have felt more or less obliged. The reader will even have heard of instances in which women have married, and have, both before and afterwards, loved someone else better. "You are looking forward to

your wedding I suppose, Maude?" was a question addressed by a relative to a flirty, flighty woman of some thirty years of age. "Well," she replied, "I am, in one way, and not in another; I like the idea of a house of my own, and plenty of money for dress, but I cannot say I am overwhelmed with love for him." This was said in feminine confidence, of course, and, again, of course, repeated to several others directly afterwards. It was a fact that the woman was attractive, while the man was quite the opposite. But he had money!

Sterility is very often entirely due to some malformation or other in the wife, the commonest of these being a too small opening into the womb. This requires dilating with instruments, or even, in rare instances, making larger by cutting. Another comparatively common defect is a turning or bending of the womb in one direction or another, which requires placing in a proper position by a medical man, to be kept there for sometime by a supporting instrument, or even by means of a fixing operation. Such conditions are easily treated by specially skilled medical practitioners; little need further be mentioned regarding them here, excepting that no home remedies are of any use.

Unhealthy discharges often prevent conception, by killing the male element necessary for conception. Conditions which give rise to the discharges may themselves also prevent conception, or induce abortion, as the case may be. If sterility persist, after carrying out some of the suggestions made above—which, for obvious reasons, cannot be fully described to the fair and sensitive reader—then medical advice should be obtained in order to ascertain exactly what

physical defect is present as a causation. It would be quite impossible in this book to give hints for the correction of some forms of sterility that depend upon the closest relationship, mental, physical, and even postural, between husband and wife; the reader must deduce what she can from the arguments and reasoning given, and draw her own conclusions.

It must not be forgotten that sterility may be put down to a woman, as her fault, when in reality it depends upon her husband. There can be malformations or deficiencies in *his* anatomy as well, to account for all. Then, again, the illicit intercourse of a man before marriage will sometimes render him incapable of producing offspring, causing, as this often does, certain acute inflammatory diseases of the generative organs which destroy their proper functions.

"Hope on—nor art thou really old,
Who have but years that seem."

—HILL.

CHAPTER XXXII

THE SIZE OF FAMILIES AND LIMITATION

The answer to the question, How large should a family be? will entirely depend upon circumstances—upon means, and upon ideas. There are some who think that one child is enough; the writer remembers a good mother of a family of eleven saying she did not mind how many she had—she thought that children were the greatest blessing imaginable! She loved them all, and would never dream of attempting to limit the number. She was contented and happy, and her husband was also; therefore why trouble about it, they thought.

The reader will at once realize that those who wish for a small number in family do so generally for particular reasons; either they feel that they cannot afford to bring up more than a certain number, or there is reason to believe that the mother's health will not bear many repetitions of those exhausting trials and worries which giving birth and nursing involves; again, ill-health of the children may suggest that there had better be no more. What shall we do with our boys and girls? are questions that engage parents' serious attention more urgently nowadays, when livings are not so easily obtainable; and there is no wonder that many, even of the comparatively well-to-do,

think that the fewer sons to start in the world the less future anxiety will there be. Ill-health is a serious consideration on account of the expense it entails. Should the first, or the first two children cause months of weariness and delicate health, then doctors' bills and sundry long visits to health resorts will make parents think twice before they run much further risk.

Parsons and poor people often distinguish themselves by having large families. Many might wonder why such individuals should be so many times blessed. The idea doubtless possesses most of the former that "God will provide," and that any notions of limitation are not pleasing to the Almighty. It is hard to account for such productiveness, unless it be on account of the healthy, happy, and harmonious relationship that, as a rule, subsists between husband and wife. As regards poor people, one might suppose that indifference and thoughtlessness operated on the one hand, and good health and plenty of work on the other, all combining to make a happy home, with no refined thoughts or ambitions for a great future. A workman only sees his wife just before bed-time, getting up early again in the morning; there are just those temporary little daily separations occurring so regularly in this class of life that stimulate desires and refresh affections. A laborer also knows that whatever children he has will soon begin to earn money, and will always get a living by doing something. But most of the poorer classes hardly ever think of these things seriously at all.

If parsons and poor people beget many children, those who have few are the unhealthy, the unhappy, and the French. The unhealthy and unhappy have already been referred to, and some explanation has

been given of cause and effect; but there does not seem to be a very clear reason why French people should have proverbially small families, unless their systems of preventing conception and procuring abortion are very effectual and commonly practised. The character and disposition of the French would lead one to suppose that they would be very prolific; good-natured, high-spirited, pleasure-loving, they ought to have large families—unless these traits in character render them susceptible to various forms and degrees of ill-health which militate against conception.

Excitability may account for a good deal. Highly-strung and neurotic as many of the French women are, they are less likely to be blessed with a firm and lasting union between spermatozoon and ovum than their phlegmatic and quieter sisters of other nations, by very force of nervous constitution. Taking all things into consideration, therefore, it does not appear to be quite definitely indicated how it is that French families are small as a rule. It certainly is not on account of self-denial, for in sexual matters everyone knows that French views are extremely free —and may even be inordinately excessive.

We need not doubt that the French have been very sagacious and painstaking in their study of methods of preventing conception and of procuring abortion. It is a common belief that they know more than any other people about such matters; that is not really the case, however, excepting perhaps among the gayer classes. Even though French scientists have worked very hard on such problems, they do not seem to have arrived at any higher understanding than is possessed in less erotic countries. French people, as a whole, may *appear* to know more because their fami-

lies are smaller; thus they may really be given credit for knowing far more than they do.

"Oft begetting—oft productive;
Set a limit—less seductive!"

—ALLAN.

CHAPTER XXXIII

JEALOUSY IN MARRIED LIFE

The "green-eyed monster" is not at all easy to define, though one would be quite safe in describing it as a very ugly disposition that is capable of working an immense amount of mischief. Taking stock of a good many cases, there would appear to be about four forms of jealousy as affecting husband and wife, which I will classify as founded, unfounded, insane, and concealed.

If the conduct of either husband or wife with some one else of the opposite sex be distinctly irregular, such as to excite real suspicion, and if it should seem that the harmonious life of love and affection that has formerly subsisted between the two is being threatened with the sustained disturbance of a third party, then jealousy is almost sure to be aroused which we may consider founded. The particular conduct may be of various kinds and degrees; it may consist chiefly of conversation, and very little else, or it may be represented by some very definite association, such as a drive together, or a walk. It is extremely difficult to draw hard and fast lines in defining conduct of any kind, if for only one reason, that nearly all ideas and habits vary so much according to class and age. And it is likewise difficult to define where founded jealousy ends and unfounded begins, just as it is some-

times impossible to distinguish whether an act be sane or insane when simply judged without very full and careful consideration of many circumstances.

A gentleman of position may grow jealous if he see his wife walking twice down the same street with same man, though the occurrence had been a coincidence only. But a laboring man, on the other hand, finding his wife drinking beer with another man at a neighboring bar, might only ask the other man to pay for some refreshment all round, and say no more about it. Moreover, merely a slight indication of wavering affection between husband and wife may be greatly magnified, and therefore the more readily observable, if certain conduct towards a third party is being carried on *at the same time that coolness from other causes is developing in one or other of the married pair.*

It is quite remarkable how often differences of conduct or changes of affection are manifested without the changing party being conscious of them—or at least without being conscious of exhibiting them. Wavering men and women are so much like the ostrich which thinks itself quite hidden when its head is buried in the sand. They may perhaps be led into very slight departures from the ordinary by some strange chance circumstance, and may frequently betray some very definite indication of an unstable devotion without for a moment supposing that others have noticed. A wife will perhaps be asked three times in an evening for a dance by the same comparative stranger. She may not even trouble to remember that she has danced with him three times—but the husband may, and he will very likely speak about it. Expressions and protestations of innocence, afterwards, do not always count for much, un-

fortunately; indeed, they often only serve to intensify the annoyance; in other words, when either a husband or a wife is vexed or jealous, he or she is the last person in the world to take much notice of excuses or explanations.

Love, and more particularly passion, is such a very powerful cause of slight temporary mental aberration. Men and women will sometimes act, when under the influence of a passion, in such a manner that if they had happened to be the observers instead of the observed they would have considered this same act a most foolish and almost insane one. Instances are not at all uncommon in which a wife pursues a line of conduct that is exactly similar or proportionate to one often practised by her husband on other occasions, and in each instance the one reproves the other for their folly or wrong-doing. The writer uses the word proportionate advisedly, for it is commonly estimated that what a man may do without incurring any reprimand, a woman must on no account attempt.

Nothing shows the difference of idea concerning conduct better than such questions as these: What would you have thought if she had been your wife? or, What would you think if your own daughter acted thus? A man once wandered away from the regular path of constancy and asked another man's wife whether she would go with him for a row up the river; the latter, however, replied: "Do you know whether any man ever asked your wife to go up the river with him?" The man blushed, and with his tongue in his cheek soon made himself scarce. A young man once asked a girl acquaintance whether she would smoke a cigarette, saying: "It is nothing; plenty of girls go in for that sort of thing," where-

upon, the girl said: "Oh, really! Your sisters smoke, I suppose?" The fellow at once changed the subject.

It will therefore be seen that the point of view is everything in these matters. Most differences of opinion are created by the mere fact that we cannot always see ourselves as others see us, and also by the fact that circumstances alter cases. A wayward man will argue with his wife that his conversation with a flirt meant nothing; indeed, he will even persuade himself that he meant nothing, until the wife asks: "Then why did you go out of your way to speak to her?" By his failure to give a satisfactory reply, he shows her that he has been going a little wrong, and he shows himself, also, that his wife's interference was in a certain sense justifiable—though he will not openly admit this.

Only the impartial outside observer can properly judge conduct that involves the finer degrees of opposite-sexed attention. Those under the influence of love, affection, or passion are like subjects hypnotized; their judgment or mental calculation is governed very largely by intense thoughts and anticipations concerning the other in the case.

Jealousy may be founded on conduct of different degrees. A man or woman may have strange ideas regarding propriety, governed it may be by idiosyncrasy of character or perhaps even by religious views. In countries or districts where the people consider it going against God to walk out anywhere on Sundays, excepting to or from church, one can well imagine that jealousies may arise on account of conduct or circumstances that people of other districts, having freer customs, would take no notice of. Then, again, ideas regarding common domestic behavior of either hus-

band or wife may be totally different. A wife may have been brought up in the United States and a husband in China, so that their notions of propriety may be as different as are the people of these two portions of the earth's surface.

In China the natives conduct themselves in the streets in ways that would be considered utterly degrading and shocking in this country. Ideas of decorum or propriety engendered in the minds of men who have travelled about the world may not coincide very well with those of their friends always staying at home. Now, as many marriages are contracted when a man is home on leave, and as girls very frequently leave their country homes of comparative innocence for far-off climes, there to join in wedlock some old friend they had had an "understanding" with many years ago, one may well imagine that the instances are not a few where very great differences of opinion regarding right conduct arise, and where jealousies sometimes spring up before a new home is well warmed. I remember well the case of a girl going over to Japan to marry a man in the Consular service. She was at once shocked at the tender and intimate regard which some of the Japanese servants showed for her lover and husband.

Hence we have what may be termed unfounded jealousy, where one or the other thinks there has not been the slightest reason for the disposition showing itself. When this form makes its appearance, things promise rather unfavorably. In such a case there will probably be so many differences of thought, not only regarding association or conduct with someone of the opposite sex, but also concerning many other matters. A married couple suffering under various dif-

ferences of opinion will be likely to have rather a miserable time of it before long; and there may be no end of squabbling and arguing once firm and opposite attitudes are taken up in one or two main directions.

The simple innocence of one may be a fruitful cause of jealousy arising in the other. A woman may conduct herself in a manner she considers quite harmless herself, but which is thought to be altogether otherwise by her husband. She may be led into a trap unwittingly, through being innocent of the danger of certain early or preliminary manœuvres of a man. Her husband may not know exactly by what paths she has reached a now more serious position, and he may therefore be led to judge too harshly, and take far too grave a view of the situation; he may grow jealous over a circumstance in which his wife had been altogether quite undesigning. I can recall the instance of a man who never forgave his wife, whom he had discovered walking with a stranger under an umbrella on a very wet night. The stranger had seen the unprotected situation, and was just giving up his umbrella, quickly following up his kindness by offering to escort her "on the same way," when the husband found them before she could think twice and decline.

It is astonishing how jealousy grows and feeds upon so little, once something has occurred to excite even a very small amount of it. It very often happens that a feeling of jealousy lasts throughout a lifetime just because of some trivial and accidental event at first, the disposition growing intensified as time goes on. Husbands are known who cannot bear to have their wives out of their sight for long, and many men there are who dislike balls, parties, and theatres

simply because someone present may make themselves agreeable to their wives. Some develop the disposition to such an extent that only Eastern veils would seem likely to be of any assistance or safeguard.

Thus there does not at first sight appear to be a very great difference between mere innocence operating, as a cause of jealousy arising in the other, and ignorance. And it must be carefully noted that in the former case steps may be taken, or a certain line of conduct pursued, without design or thought, which will create jealousy in the other, while in the latter case certain lines of action may be chosen, which may be known to be questionable but which are not deliberately selected for a wrong purpose; a wife may even know that a certain procedure was wrong, as her sisters might argue, but she may at the same time imagine that her husband may not think so—and indeed, she may not herself have intended it to evolve to the same lengths that others might imagine to be dangerous.

After all, common sense on both sides is the great preventive of jealousy. A steady calculation of the probable effects of certain conduct will lead to wise precaution and safe procedure. A nipping in the bud of little indiscretions will perhaps save the more serious weaknesses that would carry into the divorce court.

One could scarcely help sympathizing with some women who develop untiring jealousy towards their husbands, because a man's conduct is so difficult—generally quite impossible—to follow constantly. A man may be able to gain information concerning the ways of going on of his wife fairly well, for her op-

portunities are limited in various directions; but a woman may be daily deceived, and forever remain ignorant of repeated offences on the part of her husband. As a consequence of the poor chance a woman has of knowing all about her husband, she may often develop a jealousy that is more or less unfounded. This may first spring into existence on account of some very slight indiscretion which has come to her ears; then an ever-present and growing suspicion will keep it up, although the man may be all the time conducting himself quite correctly. Once proved always suspected, is an aphorism that may fairly well be applied to any conduct that creates jealousy. After one clear offence, scarcely any excuse for unusual absence or lateness is thoroughly believed in.

The case of a business man is remembered, who had his office some distance away from the house. His wife knew little of the nature and management of his concern. He had to interview a good many lady customers during the day, and also to drive about a great deal. Now and again his wife would express a wish to drive out with him. Thus they frequently went out together, until she noticed how pleasantly he always smiled and bowed to many ladies he met. She could not understand all this in a man who so often growled because his gloves were not to be found, or scowled when his opinions differed from hers; she thought the man must care much less for her than he did for most of the other women he met, and consequently jealousy arose. This feeling, only slight at first, led to further domestic tension and trouble, and the bowing and scraping always kept going on outside to intensify it. It was a fact well-known to others that the man was quite faithful to his wife,

and that all his attentions towards other women were merely ended with the harmless salutations he treated them to. Yet this wife ultimately became so exasperated that she would insist on driving out with her husband as often as she could, in order to put on a cross look for any females who noticed him. And she even went further, later on; in order to spite him, and annoy him, she would dress in the shabbiest manner possible, to let others know that he was a man whom she cared very little for, though she was obliged to own him. At length they both grew to detest one another.

The reader will of course remark what a stupid and ignorant woman this wife must have been. So she was; the example is given merely in order to show how jealousy may arise, how unfounded it often may be, and what it sometimes leads to.

Even clergymen's wives may develop strong feelings of jealousy on account of their husband's politeness and regard for certain church workers.

The third form of jealousy yet to notice is the insane one. There is really very little difference between this form and the last; in fact, the two kinds often merge insensibly into one another. Insane jealousy is shown by a wife or husband who may have originally had grounds for it, or not, but who is not altogether perfect in mental balance. Perhaps a man or woman will have insanity in the family, and will only require something very troubling and disturbing to bring it about; this something may happen to be simple jealousy.

The victim of insane jealousy will proceed to any lengths, as may be imagined, according to the depth of the insanity. The present writer was once called

in to advise in a case where a husband accused his wife of frequent misconduct with another man, and an urgent message was sent, on this particular occasion, because the husband said he had heard a man in the house, and he wanted the proof of a medical man there and then that adulterous communciation had taken place. The wife explained that the mental condition of her husband had been gradually showing signs of strangeness of late, and that his ideas concerning another man had become more and more fixed. Upon interrogation it was soon observed that the man was not quite right in his mind, yet, to make assurance doubly sure, and to satisfy all parties on the woman's own entreaty an investigation was made, sufficient to show that the accusation was groundless. The man had to be removed to an asylum the next day, still protesting in his belief, and threatening to take his wife's life.

The following is an interesting example of insane jealousy:—

"Some years ago I was requested to visit a lady who it was represented to me was very ill, and who consequently required immediate attention. On entering the house I was shown into the so-called sick-room, in which there were three persons, all of whom seemed to me to be in good health. There were present an old lady (the owner of the house) and her daughter, who had arrived a few days previously from a neighboring county to spend two or three weeks with her mother, and the daughter's husband, whose visit was only to be for a day or two. The man was about thirty-five years of age, small in stature, swarthy in complexion, and plain-looking. The wife was a striking contrast to her husband; she was rather

tall, remarkably fair and handsome, and was a few years younger than her good man. After taking a seat I asked which of them was the patient, but no answer having been given to my inquiry I asked again. Then the younger lady, with some hesitation, said: "I am the patient, and my complaint is jealousy. I am jealous of my husband, and if you do not give me something to relieve me I shall go out of my mind." This accusation against the little man seemed to me to be most ridiculous; indeed, I could not help thinking that if the accuser had been the accused it would have been more in the nature of things. I assured the lady I was extremely sorry for her, the more so that I was quite incompetent to treat such a case. However, I advised that a wise mutual friend should be consulted who would make things pleasant between husband and wife, for that in all probability there were no grounds for her suspicions. The husband protested his innocence and declared there was no cause whatever for her accusations. The wife persisted in reiterating them, and so the wrangle went on till suddenly she fell from her chair on the floor in a fit of spasmodic movements which were so strange and varied that it would be almost impossible to describe them. At one moment the patient was extended at full length with her body arched forwards in a state of opisthotonos. The next minute she was in a sitting position with the legs drawn up, making, while her hands clutched her throat, a guttural noise. Then she would throw herself on her back and thrust her arms and legs about to the no small danger of those around her. Then becoming comparatively quiet and supine, she would quiver all over, while her eyelids trembled with great

rapidity. This state perhaps would be followed by general convulsive movements, in which she would put herself into the most grotesque postures and make the most unlovely grimaces. At last the fit ended, and exhausted and in tears she was put to bed. The patient was a lithe, muscular woman, and to restrain her movements during the attack with the assistance at hand was a matter of impossibility, so all that could be done was to prevent her injuring herself and to sprinkle her freely with cold water. The after-treatment was more geographical than medical. The husband ceased doing business in a certain town where the object of his wife's suspicions lived. He was enabled to do so by the kindness of a friend who exchanged part of his district with him."

Concealed form of jealousy may be merely mentioned, as being not quite so common as those already referred to, but perhaps of some interest. In this case a husband or wife will be jealous, on account of certain conduct he or she has observed to be oft-repeated and even habitual, and it will be distinctly stated to others that they are not in the least so. The attitude they thus adopt is one begotten either of necessity or of simple wisdom. Either the jealous one knows that it is no use showing jealousy, because this would only lead to further trouble, and perhaps a separation, which would mean a worse and more wretched life than ever, or he or she thinks that the best thing to do under the circumstances is to say nothing and bear it, for the sake of the children. Some might be inclined to argue that such a disposition as this is not jealousy, that jealousy must show itself somehow; there are instances, however, to prove the contrary. Some there are who become consumed

with jealousy, but only show it when the sitting or bedroom door is closed at home. The writer has known instances of supreme indifference being shown in the drawing-room or at a dance, expressions of the loftiest regardlessness being uttered in the face of flagrant flirtation— *though the high words have followed when the carriage door has been fastened for the journey home.*

Concealment of jealousy is not only adopted in the presence of outsiders, it is also practised between husband and wife. It is comparatively common for the one to chaff the other, after some reception, theatre, or dance, where a good deal of mixed pleasantry, flattery, and perhaps even flirtation has been going on, and avow that they "do not mind in the least," while all the time they will indicate in other ways that jealousy is present.

Jealousy is the least likely to arise when a couple have thoroughly understood one another both before and after marriage. If one or the other, or both, have made a clean breast of their tendencies and dispositions, and have confessed to all past proclivities and propensities, all instances of former flirtations being discussed so that a deep understanding arises between the two, then future actions or suggestions will be the easier interpreted, and possibilities guarded against—provided such free confessions have not led to a breaking-off of the engagement altogether. A frankness of admission before marriage, however trifling the flirtation may have been, is generally a sound indication that equal openness will be preserved in future. Those little attentions to others after marriage, which might be misinterpreted in the case of a couple who only partly

understood one another, will be clear as noonday to those of frank intent from the first. The happiest are those who feel certain how far their partners will go with others. Jealousy will usually be found among those who have "married in haste," for they have not had time or opportunity, or perhaps inclination, to realy find one another out.

Let me give an instance of jealousy arising which illustrates almost all the various forms, and which provided an irritating study for those who were witnesses—irritating because of the wicked success attained by one of the parties. An artist's wife was so bold and comely as to win the attentions of many men who often appeared to her to be more interesting for the moment than her own husband. The latter grew jealous, and soon an unpleasant tension strained their relationship, leading to fewer and less amiable words between the two. Happy enough in her gay surroundings, so often away from home, the wife flourished, growing a contempt for her miserable man at home, who was fast developing a sick and sorry appearance that indicated the keenness with which he realized certain "goings on." Life came to be hardly worth living for him. She was beginning to invite men to the house, remarking: "Never mind, George; he is not well." The poor husband was often enough put off with the explanation that "he only came to see about my sister's reversionary interests—he is a family lawyer"; another was a partner in the firm of solicitors, and so on. But he broke down altogether one morning when among his letters he read the opening sentences of one which had been sent to his wife—(the Mrs. had been carelessly written). He

was immediately seized with a mild fit of apoplexy at the breakfast table.

Soon the wife adjusted arrangements to meet the situation, and convinced certain legal gentlemen—real lawyers this time—that her husband was no longer fit to transact any business. Medical men came in also, and the miserable patient now possessed no voice of any infiuence. He was a mere laughing stock to the wicked, and a cypher in the professional and business reckoning. Hold of the money-bags, my lady danced to very gay tunes, what time the dejected and chronic patient was left to look after things at home. He was not allowed a voice in anything; he was not even permitted to handle his own private income; he was classed as out of his mind all the time, and told so pretty frequently.

Now, the wife one day realizing that she might soon be in a position to marry again, began to mend her ways. She would give no grounds for any suspicion as to her conduct. She liked certain acquaintances, but would be careful in future to keep them at a distance. Her husband, carrying in recollection the incidents which led up to his reading a letter and falling back in a swoon, and now perceiving in his returning senses that she had gained a serious ascendancy, resigned himself to his fate. "I'll control myself for the children's sake, and prevent her from becoming so impatient as to wish to do me harm—by poison, it might be"

At length he recovered sufficient intelligence to pull himself together and tackle the situation. "You dare to accuse me of anything!" his wife replied. "I'll have you certified as a lunatic in very quick time; there is enough evidence to put you in an asylum.

Look to it! You have been out of your mind once, and may go again any time. Anything you say now will be discounted. Nobody will believe you." The wretched man lived through years of much evil intent and doing.

Now, how many of us may look to our own instances, and breathe our affectionate expressions of thankfulness that we are not as some are! What misery there is in married life that turns out to be unsatisfactory! Yet this misery is the exception; there is such simple and earnest contentment entering the average home-life as makes dallying with the whims and enticements of others mere waste of time.

"Love is strong as death;
Jealousy is cruel as the grave."
—SOLOMON.

CHAPTER XXXIV

UNFAITHFULNESS

Remembering that marriage, at the same time that it is a sacred tie, should act as one of the most powerful restraints that one could imagine, limiting inordinate tendencies of both male and female, keeping passions and sexual excitements down to a moderate, reasonable, harmless degree, the reader will at once understand that not only does unfaithfulness break divine and salutary bonds, it places the subject in a worse position than he or she would have been had they never entered into the Holy state. There are limitations to the waywardness or irregularities of those who remain single, which do actually control, it is true; marriage does not provide the only hope of salvation from sexual misfortune or excess; but to marry and thow off the protective armor thus won, yielding to the enticements of mischievous or promiscuous opportunity, is to learn a good and safe thing and to rashly push it aside when it is just working its best. Those who cannot remain faithful had infinitely better remain single; this almost goes without saying.

There are so many classes, nationalities, and different habits and customs among humanity, that it is not easy to deal with such an important subject as irregularities or breaches committed during married existence in just a few pages.

Faithfulness in this country implies constant adherence to one object of affection. Some peoples of other nationality cannot know what sexual faithfulness is as it is understood by most of us. Those Eastern potentates who number their female associates sometimes by the hundred, have no conception of the one-man-one-wife principle; this monogamous existence of their cooler representatives of Western climes is incomprehensible to them. It is generally understood that every marriage ceremony is in itself an expression or avowal of intended constancy or faith—that it is in every instance complete and similar—yet Eastern males, who can afford to have harems, have greater faith in some of the women than in others. It is sufficient, however, for us to take the meaning of faithfulness as we understand it at home, and no more contrasts with foreign habits need be studied than will help in a fair consideration of our own ways of going on.

Different classes of more civilized society have very similar ideas as to specific sexual association with someone else besides the one lawfully wedded, up to a certain point; they all know that such an act is one of unfaithfulness; but where they chiefly differ is in preliminaries, and after all, it must be always through preliminaries of some nature or other that any sexual relationships occur. Therefore, in considering the whole question, it is quite clear that the common habits and tendencies of distinctive classes have everything to do with definite acts of unfaithfulness, inasmuch as certain sets of circumstances and certain opportunities or provocations will lead to certain results in certain classes. Hence it will be seen that those preliminaries or suggestions which would be

considered indicative of ensuing unfaithfulness in one class of people may be entirely disregarded as factors in another. The subject of unfaithfulness, as between husband and wife, cannot be fully dealt with, as regards cause and effect, without a study being made of the ideas and customs of different classes.

We have to note this point, also, that though there may be no difference of opinion as to what may constitute unfaithfulness as between a certain man and a certain woman—each may know well enough what it is—yet the man may very frequently act in a manner highly conducive to, and even suggestive of, either prospective or habitual unfaithfulness, according to the ideas of his wife—or a woman may conduct herself in such a manner before her husband, as the case may be—according to the particular mental conception or suspicion of either, when neither he nor she are really guilty. Conduct which a man may think to be proper, or which may be looked upon as a circumstance having no infamous import, a woman may consider clearly indicates unfaithfulness. And the difficulties of giving proof are very great, as the records of divorce courts will frequently show. A woman once accused her husband of unfaithfulness, and took steps towards obtaining a divorce. Separate rooms of the house were at once occupied, and events awaited. All the wife could say regarding the acts of unfaithfulness was this, that her husband visited his pupils' studio at all hours, and was sometimes seen walking with them. But the husband merely answered that his pupils were devoted to him as their master, and that he thought there was nothing wrong in what he did.

Unfaithfulness must therefore be proved before it

can be made the subject of a charge. It follows from this that many offences will be committed and no one on this earth will know about them excepting those immediately concerned; in other words, unfaithfulness will be oftener suspected than actually found out.

The extraordinary manner in which unfaithfulness may be carried on by some, while pretended faithfulness is paraded, only leads one to marvel at the ingenuity and craft of many people who happen to be discontentedly married. How some men and women are able to lead their partners, to whom they have been married, to believe that they are quite faithful, while they are holding habitual relationship with another, or others, has been amply shown in many police-court unravelments of mysteries and crimes.

The firmness with which all-round faithfulness can form and maintain general character, the training it is capable of giving in simple self-denial, the self-satisfaction and contentment which it can engender in a mind, all render a quality that may never be set down as very highly creditable among the most civilized, but may always be described as something beautiful, powerful, and magnificently exemplary. What attribute can be more admirable than constant faithfulness and trust between husband and wife? It argues so many other firm qualities in association.

As to force of example, it is quite astonishing how much children observe. Mothers—and fathers as well—should ever bear in mind that certain acts, gestures, or remarks may not be *understood* by very young children immediately they are seen or heard, but they may be remembered and fully interpreted later on in life. A child of three may not understand everything it sees, but it will carry the vision in its eyes, and

extract some kind of meaning out of it at six and draw every conclusion about it at thirteen; and, therefore, whatever mother or father used to say or do can scarcely be considered to be so very wrong in the eyes of their grown-up child. Things done covertly or quietly are often the more searched out by children, and later on in life studied and imitated.

Not only has example great power over children, but over everyone. The poorer classes often express the opinion that the greatest amount of immorality and unfaithfulness goes on among the upper classes. This idea of theirs may or may not be a correct one. The people take a good deal of interest in such columns as are headed, "A Duke in the Divorce Court," or "A Sensational Society Scandal," and they draw their own conclusions. Thus are examples taken by one class from another.

Let us turn our attention for a moment to some of the causes of unfaithfulness. A very definite acquaintance with sexual matters before marriage may give tendencies and indicate opportunities for irregular intercourse after marriage which those who had previously remained quite pure might not exhibit or even dream of. Again, certain comparisons are sometimes likely to create dangerous discontent, and they are all the more likely to be drawn if irregular sexual acquaintance has been previously extensive. Yet, on the contrary, instances have been known of men who have remained perfectly pure before marriage developing into the most reckless and unreasonable debauchees and roues afterwards. This seems somewhat singular, but it may be explained by the fact that a simple unacquaintance has never led the individual very far wrong in any respect before marriage, but

that a little knowledge has soon afterwards proved a dangerous thing. Such cases have led thinking people to remark that it is well to sow a *few* wild oats before marriage, seeing, that innocence may sometimes run dangerously riot once it should become abruptly and fully acquainted.

A good deal depends on natural disposition. Some temperaments are more prone to sexual sensations than others, and will not be satisfied and kept down by the limitations of matrimony, having poor self-denying and governing powers. There are some dispositions that will not be ruled by anything or anybody; such as these will not be likely to keep to a marriage vow should anything arise to disturb the evenness of association with their wedded partners.

The sounder the love and affection existing between man and wife, the firmer will their faithfulness be, of course. But one must not forget that there are some surprising cases of *apparently* real and deep affection in which unfaithfulness is to be found. A separated wife was once asked by the writer, for curiosity's sake, how she got on with her husband before she found out his goings-on with another woman, and her reply was: "Perfectly, in every respect; a better husband he could not have been for many years; we were absolutely happy so far I could see. I offered to forgive him, and to try and go on as usual, sooner than break up the home; but he said he could never comfortably face me again, now that the 'other one' had been found out." For years this unfaithfulness towards his wife had been going on, but no conduct on the husband's part ever betrayed it. One may well ask, after such a case, how is one to know who is faithful and who is not?

It is a decree of Nature that man's passion shall be more demonstrative, more violent and active, than woman's. We can also trace this through the animal kingdom very well. The male is the wooer and pursuer; he will go through fire and water, and make a trifle of great distances, in order to gain his desired end, while the female will remain comparatively passive, to be wooed and won; she will either consent or oppose, and will be very capable of running away and protecting herself if she think she will; only very exceptionally does she take the initiative, or pursue as a male does, not being disposed to, not being constituted for it. Therefore, the majority of acts of unfaithfulness will be found to be committed by men. Women are bad enough, it is true; even they themselves will admit this; but their disposition is not so sexually keen and disposed to waywardness; though there are, of course, exceptions.

After all, one of the greatest incentives to unfaithfulness is opportunity. Men have better opportunities than women. This fact requires no enlarging upon; it is quite well known. Differences in habit and mode of life, in occupation and in the spending of leisure time, give the two sexes quite different advantages, "whether for virtue or mischief."

But when the understanding of one another before marriage has been deep, and the love therefore quite unquestionable, the married existence is all the more likely to be satisfying, the couple being sufficient unto themselves. For causes of unfaithfulness you require to look far back in the history of the individuals; you will be sure to find some instances of disparity or incompatibility, between any two you study, that had better been discovered before marriage. Still, coun-

sels of perfection are of little use after a marriage has been contracted in almost instant haste. While intelligence is so often wanting during the engagement period, it would be hopeless to expect constancy and faithfulness after marriage in all instances.

Selfishness is at the root of most instances of unfaithfulness. If the delinquent had thought for a moment what would be the effect or injury upon his partner, he would have hesitated before committing himself. Honesty of partnership, even if not that simple yet unfailingly protective influence of never-wavering love, should actuate the real man and the genuine woman; and if not innate, then it should be adopted as the wisest policy.

This chapter and the last have been written, not for those who have read books of all kinds deeply—including novels—who know humanity right through; who understand the weaknesses, foibles, and idiosyncrasies of most of its members; who have even witnessed many examples of disordered states of living; it is rather the newly-married and the more unacquainted that have been specially appealed to—those likely to sigh and cry, after the trouble has come upon them—that they had no idea such simple actions would create so many disagreeable turns of events.

"Alas! how light a cause may move
Dissension between hearts that love!
Hearts that the world in vain had tried!"

—MOORE.

CHAPTER XXXV

ON PERSONAL APPEARANCE

Careless wives should be made to recollect that they once had a charm which won their life's lover. The beauty book says: "First catch your man; then learn how to keep him." Husbands have a right to admire other women, to a certain extent; good husbands cannot help it; it is their nature to; they would not be sensible men if they did not see certain beauty in some women, just as they may recognize that a champion animal may beat their own in points. What a wife should do, is to make her husband feel that though other women can be more beautiful, he would rather have what he has got, for many reasons.

What a man really cannot maintain an abiding full regard for, is a wife who does not do her best. If she should argue within herself that she has now got him securely, and that it does not matter how she may appear before either him or anyone else in future, she may have a rude awakening one day, when she accompanies him for a walk, and hears him remark: "I like that; it is so becoming—to a decidedly pretty blonde!" as they pass other people.

It is quite true there are some husbands hardly worth dressing for—they hardly know a toque from a straw hat—nor care—until their wives begin to remark the smartness of some other men.

It is all very well for the fair reader to argue that

appearance counts for nothing after marriage, that deep personal qualities will do all real winning and sustaining afterwards; we shall be obliged, notwithstanding, to begin our study of the philosophy of the subject by digesting the law that everybody—married or single, young or old—should take some amount of pride in their personal appearance—so far as their means will allow them, and with due regard to proportionate expense.

The rude truth is, that carelessness, of whatever kind, usually indicates unhappiness in some degree, while that of personal appearance may even indicate so much as mental deficiency. People of unsound mind early become indifferent as regards dress; and the sign is all the more indicative if it accompany uncleanliness.

If a wife neglect herself she will be likely to pay little regard for her poor children. If she be negligent in one way she will likely be so in others; her house will not be kept in good order, nor will her meal table.

This is so commonplace and well known that I will pass hurriedly on to refer to manners, carriage, and deportment. Both should be as polished and cultured in these respects five years after marriage as they had been immediately before—unless, perchance, they had been disgracefully artificial at one time, and had at length found it too hard to keep this going.

"First-sight" may suffice before marriage, but all the shortcomings will be taken stock of afterwards. Many a man has married beneath him, but has only found this out when the carelessness has begun. And not only is beauty to be found in a face; it may be first seen in a face, and guessed in the form. A plain

face can become fascinating after a time—when other more lasting qualities are realized. There is abiding beauty in the mind. There can be a personal charm quite independent of appearance; for blind people can love very deeply and sincerely.

It is not so much that appearance alone compels, but that it affords so many indications of quality and character. A man may love his wife; and if so, she should take care that she pleases him in appearance. He may not mind so much whether she is beautiful before him, but rather whether she is appreciated by others. "Dress decently, for goodness' sake, or what will people think of you," is a remark I once heard a despairing husband make to his indifferent wife. She had developed the strange idea that one need never study appearance, for this were vain and not good in the sight of God.

Women are naturally artistic, and they should cultivate a taste for art when considering their husband and their children. It is healthy and pleasant so to do. And if a nice appearance can be kept up on little expenditure the triumph will be all the more gratifying. It is not always money that makes a person comely in appearance. Men rarely pick a woman's clothing to pieces; they take in the broad effect—like or dislike—and could not tell you the material or the cost for worlds—that is the average man!

Do not always accept the word of a woman in asking an opinion as to what your appearance may be—whether as regards dress or features. Take her answer with a pinch of salt. Find out the truth as best you can—and if you are in the way of asking a man's opinion so much the better for you. Some women are sincere, but so many are jealous.

Please do not imagine that because your dress is long you need think little of your feet. Comfortable and well-shod feet may have a nice appearance, but they will also enable you to carry yourself sweetly and gracefully as an angel. Badly-fitting boots produce corns. Improper boots are largely responsible for chilblains and bunions. Nay, more, boots may often go so far as to damage the health and distort the features, through the constant agony they produce; and feet are difficult to fit by "ready-mades" when cheap ones have distorted them already. I have seen cases of loss of flesh, nervousness, and general ill-health caused *by pain in the feet only*—constant agony being experienced in getting about.

Nor do I counsel you to seek your only salvation at the sign of the beauty doctor, who paints and powders you, perhaps smiling when you have gone. Go, by all means, if it will help you, but not expecting that it will completely hide you. Be sure there is not too much touching-up, and look many times in the glass in a true light before you go into the street. Above all, tell your husband what you are doing, to save him the trouble and vexation of finding out. Take his advice about the tint and thickness you put on—if he approves at all.

It would be impossible to do justice to such a subject as the maintenance of a good complexion in a short chapter; but I may offer some principles which the reader will find sound and useful to commence her study with. In the first place, practically all skin affections proceed from disorder within the body, and the majority of disorders within are caused by either improper food or imperfect digestion. It follows that the general health should be improved, as a first meas-

ure, by those whose complexions are not satisfactory; and a suitable dietary will help very considerably—a plain mixed one will suit most people, including fruit, vegetables, and cereals, with only a limited amount of butcher's meat. No soups, highly seasoned, no made or bottled sauces, no meat extract gravies. As much fruit and vegetables should be taken as will ensure regularity of the bowels. And, remember, no two cases are quite alike.

Hairs on the face, which are so unsightly and unfeminine are best removed by means of electrolysis. Certain spots and blotches, due to enlarged blood-vessels, may also be eradicated by the same process. I cannot, however, recommend the practice more recently suggested and cultivated, of coloring the cheeks by means of an electric needle injecting under the skin. There are dangers attending this procedure. Many operations can be performed, however, and most successfully, for deformities of the nose, ear, mouth and eye.

If pustules, acne, or matter spots should break out, then perseverance with a prescribed dietary will soon decidedly improve, and ultimately cure; but it will take time. For red spots and areas, where there is no matter or moisture, use oxide of zinc and starch powder, one part of the former with two of the latter, applying it at bed-time. For dryness of either hands or face, a very thin application of glycerine and water mixed in equal quantities will soften the surface. These are the simplest of household remedies. No two people will be alike, and there are special treatments for all particular cases which could not possibly be even touched upon here, as well as special medi-

cine to be taken to help matters internally, according to variations of sign and symptom.

Drops to bring lustre to the eyes should never be used, excepting by desperate actresses, who may be determined to make a show to-day, even if certain to appear off-color to-morrow.

"What outward form and feature are
He guesseth but in part;
But what within is good and fair
He seeth with the heart."

—COLERIDGE.

CHAPTER XXXVI

HEALTH AND HAPPINESS

We have touched upon the subject of health and fitness for the function of child-birth, but the relationship which subsists between health and simple happiness—how much the one influences the other, and how much both affect a married existence—is certainly worth some consideration before we close. Nothing begets happiness so surely as health, and conversely, no condition conduces to misery so much as ill-health. We may safely argue that the happiness of married life will very largely depend on health.

And what lover knows the state of health of the loved one, until the pair are married? Certainly most betrothed couples know little or nothing about one another's physical or physiological conditions. It is during the honeymoon that they may first find out their afflictions. And there is no going back then; it is for "better or worse"; if the health of either one or the other be unsound, then it is extremely likely that some amount of dissatisfaction and discontent will be manifested in the future. It is true you may continue to love the sickly, but you had far better commence with the strong. Some might argue that the sickly should be all the more loved and tended; perhaps they should, but the general and total happiness of a couple will certainly be marred in some degree by ill-health in one or both, while, as we have

already seen, even the expense of illness may also be calculated to enhance the misery of it.

But if health makes happiness, so also does happiness help to keep up good health. It only helps, of course; and it does so in this way: good spirits, as we might popularly express happiness, tend to keep all the functions and forces of the body in good order; they promote sound digestion, for instance. If a person suffer from depressed spirits or worry, then the digestion will at once be markedly influenced; as an immediate result the general health will suffer in very many ways.

In order to illustrate the effects of ill-health on married existence, let us picture for a moment a good-looking girl, with all the charms that fascinate a most desirable suitor—excepting good health—a matter which, however, her lover has not seemed inclined to regard in the least. She may be good-looking partly *because* she is delicate; for many who have even a consumptive tendency have beautiful complexions, and fine features. The date of her marriage is fixed, and she makes all her plans accordingly, purchasing and collecting together her *trousseau*. But as the time is drawing nigh she worries a good deal, because she does not feel in a robust state of health, and because nothing seeems to "go right"; colors appear disappointing after purchase, while fashions change so much that a good deal of sending back and altering goes on before the wedding takes place.

Her lover now sees that her spirits are sometimes rather depressed; but he thinks this will all come right in the end. They get married. She goes through the ordeal very well, considering all things, but the train journey afterwards is found very tiring, and on

settling down at an hotel she feels quite "done up" and has no appetite for anything. The first, second, and third day are passed, and still she does not feel particularly bright, nor does her husband now, for he is beginning to worry also—about her. On the fifth day he becomes more anxious still, and insists on calling in a doctor.

These two get through their honeymoon somehow, and proceed home. The old story is repeated over, and over again—never well, never really well. What might have been the happiest existence therefore promises to be marred forever. Ill-health may be only temporary or it may be permanent. Either may bring most unfortunate results. Even if only temporary, a bad beginning may mean misery for life; it may create such early discontent and impatience as will lead to change of opinion—and even of love later on.

And if health makes happiness and happiness health, what about the living and quickening product of the marriage union? What about children? It goes without saying that the healthy and happy will be more likely to bear creditable children than the sickly and miserable. We have seen that the condition of mind and body of parents exercises a remarkably powerful influence for good or evil over their offspring when still unborn—to be demonstrated so clearly when born, and after developing a little.

There is much wisdom displayed by certain American philosophers, who believe that all persons who wish to marry should be subject to medical examination, in order to make certain that they are likely to bring forth healthy and creditable children. They further recommend that in the event of couples being

found quite healthy an addition to their marriage license should be made somewhat as follows—without which marriage should be unlawful:—

"A medical board, having examined M. and N. and inquired into their family history, expresses the opinion that there is no cause or just impediment of a pathological, physiological, or anatomical nature why these persons should not be joined together in Holy or otherwise legal matrimony."

The more we consider the question of happiness and marriage, the more shall we see that a satisfactory existence does not depend altogether on looks, on money, on a double-fronted house with garden, or even altogether on children—but very much on health. All the money in the world will not bring happiness back when disappointment and weariness, created by chronic complaint, have at length eaten their malignant and persistent way through the heart and vitals. One may be attended by no end of doctors and nurses, it is true, but the unhappiness of ill-health would never be compensated for by any riches. A laborer and his wife are happier if they have the best of health, and are otherwise suitable to one another, than any prince and princess who have a defective constitution between them. An individual may have great mental gifts, a good deal of gold, and good looks, but health will more likely create contentment, a happy appreciation of most things, and a smiling face.

"Have you not then, for pains and fears,
For days of woe, and watchful nights,
For all your sorrow, all your tears,
An over-payment of delights?"

—SOUTHEY.

THE END.

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